

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90098 007 ***150.00

DOCUMENT # P04000134726 1. Entity Name JO-JO KITCHEN CABINETS, INC.					
Principal Place of Business 19730 NW 3RD CT MIAMI, FL 33169			Mailing Address 19730 NW 3RD CT MIAMI, FL 33169		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 54-2163051				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRETT, JOSEPHINE 19730 NW 3RD CT MIAMI, FL 33169			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PS		TITLE		
NAME	GARRETT, JOSEPHINE		NAME		
STREET ADDRESS	19730 NW 3RD CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	VPT		TITLE		
NAME	GARRETT, MAXWELL		NAME		
STREET ADDRESS	19730 NW 3RD CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Josephine Garrett</i>			Date: <i>2-28-05</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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