


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

09-07-2005 90010 047 \*\*\*150.00

<b>DOCUMENT # P04000150543</b> 1. Entity Name <b>I.M. CABINET INSTALLATION INC.</b>			
Principal Place of Business <b>850 E. 18TH STREET HIALEAH, FL 33013</b>		Mailing Address <b>850 E. 18TH STREET HIALEAH, FL 33013</b>	
Principal Place of Business <b>850 East 18 St</b> Suite, Apt. #, etc.		3. Mailing Address <b>850 E. 18 St.</b> Suite, Apt. #, etc.	
City & State <b>HIALEAH, FL</b> Zip <b>33013</b> Country		City & State <b>HIALEAH, FL</b> Zip <b>33013</b> Country	
4. FEL Number <b>593787855</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MEDINA, ISMAR 850 E. 18TH STREET HIALEAH, FL 33013</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>-\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, ISMAR 850 E. 18TH STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> 		<b>8/31/05</b> <b>786-546-4871</b> Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

ATTACHMENT 14019304  
NEW 704000150543

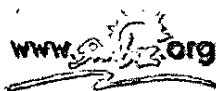
8/31/05

NEMF / Shevell Ownership / 25 Years  
PERFECT TOGETHER

As you can see attached we  
never knew about this fee.

Until you sent me past due  
notice and also mentioned how  
I got application of interest as you  
can see attached.

Thanks  
*[Signature]*

**ATTACHMENT** 14019304  
**Division of Corporations** 2005**Annual Report**

Annual Report Help

Document Number

P04000150543

Business Entity Name

I.M. CABINET INSTALLATION INC.

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if filing after May 1st and notice was not received.

FEI Number

593787855

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address

850 E. 18TH STREET

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code &amp; Country

33013

**Mailing Address**

Address

850 E. 18TH STREET

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code &amp; Country

33013

**Name And Address of Registered Agent**

Name (Last, First, Middle, Title)

MEDINA

ISMAR

-or- RA Business Name

Address (PO Box is not acceptable)

850 E. 18TH STREET

Suite, Apt. #, etc.

City, State

HIALEAH

FL

Zip Code &amp; Country

33013

US

If there is a change in registered agent, the new agent will need to type their name

**ATTACHMENT 14019304**  
**# P04000150543**

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

**Registered Agent Signature**

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

**Officer/Director Name And Address**

Title	D		
Name (Last, First, Middle, Title)	MEDINA	ISMAR	
-or- Entity Name			
Street Address	850 E. 18TH STREET		
City, State	HIALEAH	FL	
Zip Code & Country	33013		
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			

ATTACHMENT

14019504  
#P04000150043

City, State

Zip Code &amp; Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code &amp; Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

D

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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