

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90173 037 ***150.00

DOCUMENT # P04000155375		
1. Entity Name CARBONELL KITCHEN CABINETS & GRANITE, INC.		
Principal Place of Business	Mailing Address	
2345 S W 128 AVE. MIAMI, FL 33175	2345 S W 128 AVE. MIAMI, FL 33175	



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04112007 Chg-P CR2E034 (12/06)
Suite Apt # etc		Suite Apt # etc		
City & State		City & State		4. FEI Number 20-1875007
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARBONELL, RAFAEL 2345 S W 128 AVE. MIAMI, FL 33175		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

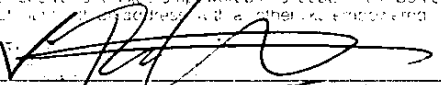
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE _____ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2007	
TITLE NAME STREET ADDRESS CITY ST ZIP	D,P CARBONELL, RAFAEL 2345 S W 128 AVE. MIAMI, FL 33175 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add or
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add or
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add or
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add or
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Add or

12. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 607, 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 or required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 changed, or on an attached sheet, and so preserved in the public record.

SIGNATURE:  SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR