

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157387

Entity Name: EMPIRE CABINETRY, INC.

FILED
Mar 05, 2007
Secretary of State

Current Principal Place of Business:

2729 STATE ROAD 50
MASCOTTE, FL 34753

New Principal Place of Business:

Current Mailing Address:

2729 STATE ROAD 50
MASCOTTE, FL 34753

New Mailing Address:

FEI Number: 20-1887833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLON, MIGUEL A
2729 STATE ROAD 50
MASCOTTE, FL 34753 US

Name and Address of New Registered Agent:

COLON, MIGUEL A
2729 STATE ROAD 50
MASCOTTE, FL 34753 US

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.

SIGNATURE: MIGUEL

03/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: COLON, MIGUEL A
Address: 2019 JAFFA COURT
City-St-Zip: CLERMONT, FL 34711

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COLON, MIGUEL A
Address: 2019 JAFFA COURT
City-St-Zip: CLERMONT, FL 34711

Title: VPS () Change (X) Addition
Name: COLON, DANIEL
Address: 2019 JAFFA CT
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL A. COLON

P

03/05/2007

Electronic Signature of Signing Officer or Director

Date