FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90184 047 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000159776

1. Entity Name
CABINET & MILLWORK CREATIONS, INC.

40082228

Principal Place of Business	Mailing Address
~~2441~~ SW 56TH TERR HOLLYWOOD, FL 33023	1001 NE 14TH AVE SUITE 205 HALLANDALE BEACH, FL 33009

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2471 SW 56 Terr	Same
Suite, Apt. #, etc.: Hollywood	Suite, Apt. #, etc.
City & State: Florida	City & State
Zip: 33023 Country	Zip Country

04232007 Chg-P CR2E034 (12/06)

4. FEI Number: 51-0530207 ☐ Applied For ☐ Not Applicable

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
CORRO, FRANCISCO G 1001 NE 14 AVE #205 HALLANDALE BEACH, FL 33009	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__________ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: CORRO, FRANCISCO G STREET ADDRESS: 1001 NE 14 AVE #205 CITY-ST-ZIP: HALLANDALE BEACH, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: __________ 4-24-07 954 914-9204

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #