2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000159776

1. Entity Name 12 JUL 10 AM 8:50 CABINET & MILLWORK CREATIONS, INC. POR OTHER STATE ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1001 NE 14TH AVE SUITE 205 2471 SW 56TH TERR HOLLYWOOD, FL 33023 HALLANDALE BEACH, FL 33009 2. Principal Place of Business, - No P.O. flok# 05112012 Chg-P CR2E034 (12/11) 4. FEI Number Applied For 51-0530207 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORRO, FRANCISCO G Street Address (P.O. Box Number is Not Acceptable) 1001 NE 14 AVE #205 HALLANDALE BEACH, FL 33009 Zip Code FL 8. The above named entity submits this examinent for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent. FRANCISIO CORRO SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change Addition TITLE ☐ Delete CORRO, FRANCISCO G NAME NAME STREET ADDRESS 1001 NE 14 AVE #205 STREET ADDRESS ALLANDALE BEACH, FL 33009 City-St-ZIP CITY- ST- ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY, ST. ZIP CITY - ST- ZIP ☐ Delete Change TITLE ☐ Addition TITLE NAME NAME STREET AUDRESS STREET ADDRESS CITY- ST- ZIP CITY - ST- ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP Change Addition Delete TITLE TITLE LIUL 1 0 2012 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 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. FRANCISCO G. CORRO 7-6-12 COBNIETANDMILLWORKE PATE EMAIL ADDRESS GHAIL..COM SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR