
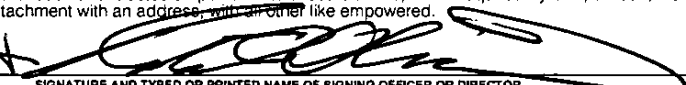


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90134 021 ***158.75

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # P04000162351 | | | |  | |
| 1. Entity Name ROBERT'S SPECIALTIES CUSTOM CABINETS INC. | | | | | |
| Principal Place of Business 11980 SW 144 CT STE 103 MIAMI, FL 33186 | | | Mailing Address 11980 SW 144 CT STE 103 MIAMI, FL 33186 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 20-1913907 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| OLIVA, ROBERTO F 14921 SW 17 LN MIAMI, FL 33185 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P OLIVA, ROBERTO F <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OLIVA, ROBERTO F | | NAME | | |
| STREET ADDRESS | 14921 SW 17 LN | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33185 | | CITY-ST-ZIP | | |
| TITLE | V <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | OLIVA, ROXANA | | NAME | | |
| STREET ADDRESS | 1130 SW 104 AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33174 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 another like empowered. | | | | | |
| SIGNATURE:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____ | | | | | |



ATTACHMENT
20017436
Division of Corporations

Annual Report

Annual Report Help

Document Number

P04000162351

Business Entity Name

ROBERT'S SPECIALTIES CUSTOM CABINETS INC.

FEI Number

201913907

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☒ Yes ☐ No \$8.75 each

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address 12252 SW 128 CT

Suite, Apt. #, etc. 101

City, State MIAMI, FL

Zip Code & Country 33186

Mailing Address

Address 11980 SW 144 CT STE 103

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33186

Name and Address of Registered Agent

Name (Last, First, Middle, Title) OLIVA, ROBERTO, F

- OR -

Business to serve as RA

Address (PO Box is not acceptable) 14921 SW 17 LN

Suite, Apt. #, etc.

City, State MIAMI, FL

Zip Code & Country 33185 US

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

20017430
#P040006235)
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

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

P

Name (Last, First, Middle, Title)

OLIVA

, ROBERTO

, F

- OR -Entity Name to serve as
Officer/Director

Street Address

14921 SW 17 LN

City, State

MIAMI

FL

Zip Code & Country

33185

Title

V

Name (Last, First, Middle, Title)

OLIVA

, ROXANA

- OR -Entity Name to serve as
Officer/Director

Street Address

1130 SW 104 AVE

City, State

MIAMI

FL

Zip Code & Country

33174

Title

Name (Last, First, Middle, Title)

- OR -Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

ATTACHMENT

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#P04000162351

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & 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

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.

Continue

Reset

ATTACHMENT

Start Over

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~~PO4000162351~~

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