

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90020 037 ***158.75

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1. Entity Name
NEW RIVER CABINET & FIXTURE HOLDINGS, INC.



Principal Place of Business
**750 NW 57TH COURT
FORT LAUDERDALE, FL 33309**

Mailing Address
**750 NW 57TH COURT
FORT LAUDERDALE, FL 33309**

50003714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

42-1653311

Applied For

Not Applicable

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

**TRIVIZ, JOANNE R
750 NW 57TH COURT
FORT LAUDERDALE, FL 33309**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 11

TITLE **P** ☐ Delete
NAME **TRIVIZ, JOANNE R**
STREET ADDRESS **4035 W MCNAB ROAD # F101**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **P** ☒ Change ☐ Addition
NAME **JOANNE R. TRIVIZ**
STREET ADDRESS **4282 BRANDYWINE DR.**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **VP** ☐ Delete
NAME **GARCIA, SALVADOR A**
STREET ADDRESS **8050 SW 18TH PLACE**
CITY-ST-ZIP **DAVIE, FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **LUCERO, RUBEN**
STREET ADDRESS **2611 HAYES STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33020**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **MIJANGOS, ALEXANDER**
STREET ADDRESS **7050 SOUTHGATE BLVD # 102**
CITY-ST-ZIP **MARGATE, FL 33321**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **HERNANDEZ, OSCAR**
STREET ADDRESS **263 NW 40TH STREET**
CITY-ST-ZIP **MIAMI, FL 33127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **RODRIGUEZ, CHRISTINE**
STREET ADDRESS **8060 SW 18TH PLACE**
CITY-ST-ZIP **DAVIE, FL 33324**

TITLE **S** ☒ Change ☐ Addition
NAME **RODRIGUEZ, CHAUSTINE**
STREET ADDRESS **3071 N COURSE DR APT 207**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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:

JOANNE R. TRIVIZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/06 954-771-1112
X 118