2007 FOR PROFIT CORPORATION

Apr 19, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000164016 04-19-2007 90194 003 ***158.75 1. Entity Name **NEW RIVER CABINET & FIXTURE HOLDINGS. INC.** Age of Same Principal Place of Business Mailing Address 750 NW 57TH COURT 750 NW 57TH COURT FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 CR2E034 (12/06) Cha-P City & State City & State Applied For 4. FEI Number 42-1653311 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRIVIZ, JOANNE R Street Address (P.O. Box Number is Not Acceptable) 750 NW 57TH COURT FORT LAUDERDALE, FL 33309 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. | 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be \Box After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Delete TITLE ☐ Change ☐ Addition TRIVIZ, JOANNE R NAME NAME STREET ADDRESS 4282 BRANDYWINE DR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition NAME GARCIA, SALVADOR A NAME 8050 SW 18TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33324** CITY-ST-ZIP VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LUCERO, RUBEN NAME NAME STREET ADDRESS 2611 HAYES STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition RODRIGUEZ, CHRISTINE NAME NAME STREET ADDRESS 3071 N. COURSE DR. APT. 207 STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition HERNANDEZ, OSCAR NAME NAME 263 NW 40TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33127 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE:

NAME . STREET ADDRESS

CITY-ST-ZIP

RODRIGUEZ, CHRISTINE

8050 SW 18TH PLACE

DAVIE, FL 33324

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED