


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90022 021 \*\*\*150.00

<b>DOCUMENT # P05000007578</b> 1. Entity Name <b>TOYOS KITCHEN CABINET, INC.</b>			
Principal Place of Business <b>8197 74TH AV MEDLEY, FL 33166</b>		Mailing Address <b>8197 74TH AV MEDLEY, FL 33166</b>	
2. Principal Place of Business - No P.O. Box # <b>8189 NW 74 Ave</b>		3. Mailing Address <b>8189 NW 74 Ave</b>	
Suite, Apt. #, etc. <b>Medley, FL</b>		Suite, Apt. #, etc. <b>Medley, FL</b>	
City & State <b>Medley, FL</b>		City & State <b>Medley, FL</b>	
Zip <b>33166</b>		Zip <b>33166</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-2285994</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>TOYOS, RIGOBERTO</b> <b>4444 SW 67TH AV</b> <b>APT 24</b> <b>MIAMI, FL 33155</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>Toynos, Rigoberto</b> Street Address (P.O. Box Number is Not Acceptable) <b>8189 NW 74 Ave</b> City <b>Medley</b> <b>FL</b> Zip Code <b>33166</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b> NAME <b>TOYOS, RIGOBERTO</b> STREET ADDRESS <b>8197 74TH AV</b> CITY-ST-ZIP <b>MEDLEY, FL 33166</b>	<input type="checkbox"/> Delete	TITLE <b>President</b> NAME <b>Toynos, Rigoberto</b> STREET ADDRESS <b>8189 NW 74 Ave</b> CITY-ST-ZIP <b>Medley FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>PEREZ, VIVIAN D</b> STREET ADDRESS <b>8197 74TH AV</b> CITY-ST-ZIP <b>MEDLEY, FL 33166</b>	<input type="checkbox"/> Delete	TITLE <b>Vicepresident</b> NAME <b>Perez, Vivian D</b> STREET ADDRESS <b>8189 NW 74 Ave</b> CITY-ST-ZIP <b>Medley FL 33166</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____			