

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2008 8:00 am
Secretary of State

08-14-2008 90001 031 ***150.00

DOCUMENT # P05000007578 1. Entity Name CARIBBEAN KITCHEN CABINET, INC.			
Principal Place of Business 8189 NW 74 AVE. MEDLEY, FL 33166		Mailing Address 8189 NW 74 AVE. MEDLEY, FL 33166	
2. Principal Place of Business - No P.O. Box # 8169 NW 74 AVE.		3. Mailing Address 8169 NW 74 AVE.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MEDLEY, FL		City & State MEDLEY, FL	
Zip 33166		Zip 33166	
Country DADE		Country DADE	
4. FEI Number 20-2285994		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$3.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOYOS, RIGOBERTO 8189 NW 74 AVE. MIAMI, FL 33166		7. Name and Address of New Registered Agent Name TOYOS, RIGOBERTO Street Address (P.O. Box Number is Not Acceptable) 8169 NW 74 AVE. City MEDLEY, FL Zip Code 33166	
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: DATE: 08/08/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOYOS, RIGOBERTO 8189 NW 74 AVE. MEDLEY, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOYOS, RIGOBERTO 8169 NW 74 AVE MEDLEY, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, VIVIAN D 8189 NW 74 AVE. MEDLEY, FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Perez, VIVIAN D 8169 NW 74 AVE MEDLEY, FL 33166 <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
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.			
SIGNATURE:		08/08/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	