## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009669

City-St-Zip:

MIAMI, FL 33174 MD

FILED May 08, 2006 Secretary of State

Entity Na	me: MALTEZ	CABINET INCORPORATED			
Current P	rincipal Place	of Business:	New Principal Place of	New Principal Place of Business:	
10815 S.W. 4TH. STREET #8 MIAMI, FL 33174			12338 S W 131 AVENUE MIAMI, FL 33186	12338 S W 131 AVENUE MIAMI, FL 33186	
Current N	lailing Addres	ss:	New Mailing Address:	New Mailing Address:	
10815 S.W MIAMI, FL	V. 4TH. STREE 33174	ET #8	12338 SW 131 AVENUE MIAMI, FL 33186		
FEI Number	: 20-2207495	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
MALTEZ, ALFONSO 10815 S.W. 4TH. STREET #8 MIAMI, FL 33174 US			MALTEZ, ALFONSO 12338 SW 131 AVENUE MIAMI, FL 33186 US	12338 SW 131 AVENUE	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered of	office or registered agent, or both,	
SIGNATURE: ALFONSO MALTEZ				05/08/2006	
	Electron	nic Signature of Registered A	gent	Date	
		3(2)(b), F.S., the corporation did i g Trust Fund Contribution ( ).	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MALTEZ, ALFO	H. STREET #8	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	SANDOVAL, M	H. STREET #8	Title: ( Name: Address: City-St-Zip:	) Change()Addition	
Title: Name:	SEC ( MALTEZ, ALFO		Title: ( Name: Address:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ALFONSO MALTEZ PRE 05/08/2006