2007 FOR PROFIT CORPORATION ANNUAL REPORT,

DOCUMENT # P05000033691

1. Entity Name
CORTES CABINET COMPANY



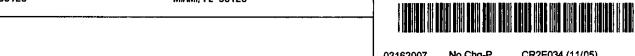
FILED
Mar 12, 2007 08:00 AM
Secretary of State

Daytime Phone #

Principal Place of Business

8005 NW 8 STREET APT B103 MIAMI, FL 33126 Mailing Address

8005 NW 8 STREET APT B103 MIAMI, FL 33126



DO NOT WRITE IN THIS SPACE

02102007 No ong .	٠, ٠	.2001 (1.1100)	
4. FEI Number		Applied For	
20-2443000		Not Applical	ble
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORTES, LUIS A 8005 NW 8 STREET APT B103 MIAMI, FL 33126

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.							
SIGNATURE							
. Organical species printed name of registrated again and pite in approache. (17012: registrated registrated required international and pite in approache.							
	E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finan- Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE	PRES		i				
NAME :	CORTES, LUIS A						
STREET ADDRESS	8005 NW 8 STREET APT B103						
CITY-ST-ZIP	MIAMI, FL 33126				Dilininoccasa		
TITLE					000000663850 03/22/07-80019-024 150.00		
NAME					95, 22, 01-60019-024 150.00		
STREET ADDRESS CITY-ST-ZIP							
TITLE			•				
NAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME		•		IN	THIS SPACE		
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CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-S7-ZIP							
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 expirit 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 trusted impowered 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.							

TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

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