

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

07-26-2007 90031 033 ***150.00

DOCUMENT # P05000044092					
1. Entity Name FORGE CABINET & REPAIR, INC					
Principal Place of Business 7162 NW 6TH COURT MIAMI, FL 33138			Mailing Address 7162 NW 6TH COURT MIAMI, FL 33138		
2. Principal Place of Business - No P.O. Box # 7162 NW 6th Ct		3. Mailing Address 7162 NW 6th Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami FL 33138		City & State Miami FL		4. FEI Number 27-0131989	
Zip 33138		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JEAN CHARLES, ROBERT 7162 NW 6TH COURT MIAMI, FL 33138		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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 <input type="checkbox"/> Delete JEAN CHARLES, ROBERT 7162 NW 6TH COURT MIAMI, FL 33138		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VP Jean Charles, Lucy 7829 N Bawshore Dr #3 Miami, FL 33138	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete JEAN CHARLES, LUCY 541 NE 62 STREET #15 MIAMI, FL 33138		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

40127218

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Document Number	P05000044092
Business Entity Name	FORGE CABINET & REPAIR, INC
FEI Number	270131989
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	7162 NW 6TH COURT
Suite, Apt. #, etc.	
City, State	MIAMI, FL
Zip Code & Country	33138

Mailing Address

Address	7162 NW 6TH COURT
Suite, Apt. #, etc.	
City, State	MIAMI, FL
Zip Code & Country	33138

Name and Address of Registered Agent

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P05000044092

Name (Last, First, Middle, Title) JEAN CHARLES, ROBERT**Address** 7162 NW 6TH COURT**Suite, Apt. #, etc.****City, State** MIAMI, FL**Zip Code & Country** 33138 US**Registered Agent Signature****Officer/Director Name and Address****Title** P**Name (Last, First, Middle, Title)** JEAN CHARLES, ROBERT**Street Address** 7162 NW 6TH COURT**City, State** MIAMI, FL**Zip Code & Country** 33138**Title** VP**Name (Last, First, Middle, Title)** JEAN CHARLES, LUCY**Street Address** 7829 N BAYSHORE DR #3**City, State** MIAMI, FL**Zip Code & Country** 33138**Title** MR**Officer/Director Signature** ROBERT JEANCHARLES

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Division of Corporations

Annual Report

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Document Number

P05000044092

Business Entity Name

FORGE CABINET & REPAIR, INC

FEI Number

270131989

FEI Number Status

Listed Above Applied For
Not Applicable

Certificate of Status Desired

Yes No \$8.75 each

Election Campaign Financing Trust Fund
Contribution

Yes No

Principal Place of Business

Address 7162 NW 6TH COURT

Suite, Apt. #, etc.

City, State MIAMI , FL

Zip Code & Country 33138

Mailing Address

Address 7162 NW 6TH COURT

Suite, Apt. #, etc.

City, State MIAMI , FL

Zip Code & Country 33138

Name and Address of Registered Agent

Name (Last, First, Middle, Title) JEAN CHARLES , ROBERT , ,

- OR -

Business to serve as RA

Address (PO Box is not

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40127218

#P05000044092

7162 NW 6TH COURT

acceptable)

Suite, Apt. #, etc.

City, State

MIAMI

, FL

Zip Code & Country

33138

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title

P

Name (Last, First, Middle,
Title)

JEAN CHARLES , ROBERT , ,

- OR -Entity Name to serve as
Officer/Director

Street Address

7162 NW 6TH COURT

City, State

MIAMI

, FL

Zip Code & Country

33138

Title

VP

Name (Last, First, Middle,
Title)

JEAN CHARLES , LUCY , ,

- OR -Entity Name to serve as
Officer/Director

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#P05000044092

Street Address 7829 N BAYSHORE DR #3
City, State MIAMI, FL
Zip Code & Country 33138

Title
Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle,
Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle,

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#P050000 44092,

Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

MR

Officer/Director Signature ROBERT JEANCHARLES

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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