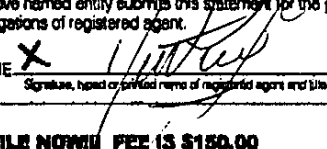
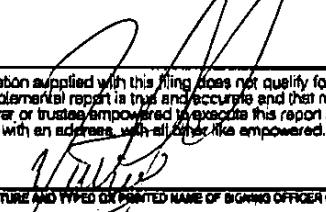


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90217 040 ***150.00

20037452

DOCUMENT # P05000058182			
1. Entity Name JUNCA'S KITCHEN CABINETS & FURNITURE INC.			
Principal Place of Business 2920 MICHIGAN AVE STE B KISSIMMEE, FL 34744		Mailing Address 13352 GLACIER NATIONAL DR. STE 3405 ORLANDO, FL 32837	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04242006 Chg-P CR2E034 (11/05)	
4. FEI Number 20-2708771		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZAJAC, ALEJANDRO 3750 W FLAGLER ST MIAMI, FL 33134		Name DAVID JUNCA Street Address (P.O. Box Number is Not Acceptable) 13352 GLACIER NATIONAL DR #3405 City ORLANDO FL Zip Code 32837	
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, & I accept the obligations of registered agent.)			
SIGNATURE 		DATE 04/24/06	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when relinquishing)	
FILE NORMAL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JUNCA, DAVID	NAME	
STREET ADDRESS	13352 GLACIER NATIONAL DR STE 3405	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GAMBOA, DIANA	NAME	
STREET ADDRESS	13352 GLACIER NATIONAL DR STE 3405	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32837	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☒ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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 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: 		DATE 04/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	