


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90061 044 ***150.00

DOCUMENT # P05000066989	
1. Entity Name VIDAL CABINETS INSTALLATIONS & WOOD FINISH CORP.	

Principal Place of Business 2768 SW 10TH TERRACE STE #3 MIAMI, FL 33135	Mailing Address 2768 SW 10TH TERRACE STE #3 MIAMI, FL 33135
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2. Principal Place of Business 400 S.W. 21 AVE.	3. Mailing Address 400 S.W. 21 AVE.
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 2

City & State MIAMI, Florida	City & State MIAMI, Florida
Zip 33135	Country US
Zip 33135	Country U.S.

00011881



02022006 Chg-P CR2E034 (11/05)

4. FEI Number 87-0745058	Applied For <input type="checkbox"/> Not Applicable
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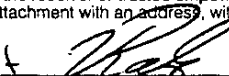
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RODRIGUEZ, VIDAL 2768 SW 10TH TERRACE STE #3 MIAMI, FL 33135	
7. Name and Address of New Registered Agent Name Rodriguez Vidal Street Address (P.O. Box Number is Not Acceptable) 400 S.W. 21 AVENUE Apt. 2 City MIAMI FL Zip Code 33135	

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RODRIGUEZ, VIDAL 2768 SW 10TH TERRACE STE #3 MIAMI, FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Rodriguez, Vidal 400 S.W. 21 AVENUE MIAMI, FL 33135 <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
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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: 	2/2/06 305-803-9756 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	