

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**

00011881

2. Principal Place of Business
400 S.W. 21 AVE.

3. Mailing Address
400 S.W. 21 AVE.

Suite, Apt. #, etc.
2

City & State
MIAMI, Florida

City & State
MIAMI, Florida

Zip
33135 Country **US**

Zip
33135 Country **U.S.**



02022006 Chg-P CR2E034 (11/05)

4. FEI Number
87-0745058

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, VIDAL
 2768 SW 10TH TERRACE STE #3
 MIAMI, FL 33135**

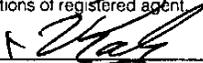
7. Name and Address of New Registered Agent

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: 

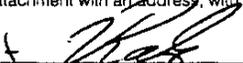
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! 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 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
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/2/06** Daytime Phone # **305-803-9756**