


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90226 048 ***150.00

DOCUMENT # P05000074281	
1. Entity Name PURE CABINETRY, INC.	

Principal Place of Business 209 SEMINOLE AVENUE PALM BEACH, FL 33480 US	Mailing Address 209 SEMINOLE AVENUE PALM BEACH, FL 33480 US
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60001602



2. Principal Place of Business 4901 Georgia Ave.	3. Mailing Address 4901 Georgia Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01042006 Chg-P CR2E034 (11/05)

City & State W. Palm Beach, FL	City & State W. Palm Beach, FL
Zip 33405	Country USA
Zip 33405	Country USA

4. FEI Number 20-2879702	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 BARBERIAN, MICHAEL 209 SEMINOLE AVENUE PALM BEACH, FL 33480	
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 Mike Barberian	DATE 1-4-2006
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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	PSTD BARBERIAN, MICHAEL 209 SEMINOLE AVENUE PALM BEACH, FL 33480 <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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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: Mike Barberian	1-4-2006 (561) 547-1708
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
<small>Date Daytime Phone #</small>	