

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90176 017 \*\*\*150.00

<b>DOCUMENT # P05000078843</b> 1. Entity Name <b>RH FIXTURES &amp; CABINETS INCORPORATED</b>					
Principal Place of Business <b>11653 SW 3RD ST</b> <b>106</b> <b>MIAMI, FL 33174</b>			Mailing Address <b>11653 SW 3RD ST</b> <b>106</b> <b>MIAMI, FL 33174</b>		
2. Principal Place of Business <b>420 SW 77 CT</b>		3. Mailing Address <b>420 SW 77 CT</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		4. FEI Number <b>20-221384</b>	
Zip <b>33144</b>		Country <b>MIAMI-FLA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33144</b>		Country <b>MIAMI-FLA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, RAMON</b> <b>11653 SW 3RD ST</b> <b>106</b> <b>MIAMI, FL 33174</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>420 SW 77 CT</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33144</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P D HERNANDEZ, RAMON <del>11653 SW 3RD STREET APT 106</del> <b>420 SW 77 CT</b> MIAMI, FL <del>33174</del> <b>33144</b>		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	
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:  <b>RAMON HERNANDEZ</b> <b>4-17-06</b> <b>305-218-4575</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					