2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State

DOCUMENT # P05000079147 1. Entity Name THE CABINET SUPPLY HOUSE, INC.						04-07-2006	5 90039 02	21 ***150	0.00
Principal Plac	e of Business	Mailing Address							
		2259 W. 10TH AVE. HIALEAH, FL 33010					50	0100	80
2 Principal P	Page of Ausiness	3. Mailing Address							
2. Principal Place of Business		3. Mailing Address				38 8 B 88 48 8) 30 # 12 E 1	01 01 1 1 1 1 1 1 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282006	Chg-P	CR2E03	34 (11/05)	
City & State		City & State	City & State		4. FEI Numbe	20.295	53/	\neg \mapsto	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	П ;	8.75 Add	ditional
==	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New			
DIAZ, OSV	/ALDO I		Name						
	10TH ST., SUITE 206		Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
IVIIAIVII, I L	%								
			City				FL	Zip Code	e
	named entity submits this statement ions of registered agent.	for the purpose of changing its re	egistered office or	register	ed agent, or bot	h, in the State of F	lorida. I am fa	amiliar with,	and accept
SIGNATURE_	;								
0.0	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signatu	re required	when rainstating}		DATE		
FIL	Signature, typed or printed name of registered age E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campaig	n Financing		when reinstating) OD May Be ad to Fees		DATE		
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12. I hereby certify that the information supplied with this filling 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 trusted expowered 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-06 305-883-6800