

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086295

Entity Name: G.V. CABINETS INSTALLER, INC

FILED
Mar 12, 2008
Secretary of State

Current Principal Place of Business:

120 NW 32 AVE
MIAMI, FL 33125

New Principal Place of Business:

9911 W OKEECHOBEE RD
APT 1-309
HIALEAH GARDENS, FL 33016 US

Current Mailing Address:

120 NW 32 AVE
MIAMI, FL 33125

New Mailing Address:

9911 W OKEECHOBEE RD
APT 1-309
HIALEAH GARDENS, FL 33016 US

FEI Number: 20-3005047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLECILLO, GABRIEL
120 NW 32 AVE
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

VALLECILLO, GABRIEL
9911 W OKEECHOBEE RD
APT 1-309
HIALEAH GARDENS, FL 33016 US

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.

SIGNATURE: GABRIEL VALLECILLO

03/12/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VALLECILLO, GABRIEL
Address: 120 NW 32 AVE
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VALLECILLO, GABRIEL
Address: 9911 W OKEECHOBEE RD APT 1-309
City-St-Zip: HIALEAH GARDENS, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL VALLECILLO

DP

03/12/2008

Electronic Signature of Signing Officer or Director

Date