

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90049 038 ***150.00

DOCUMENT # P05000098837

1. Entity Name
H O CABINETS INC.



Principal Place of Business
5491 NW 15 STREET
BAY 1
MARGATE, FL 33063

Mailing Address
5491 NW 15 STREET
BAY 1
MARGATE, FL 33063

40011987



01172007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3154782

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HISPANUSA INC
1919 NORTH STATE ROAD 7
202
MARGATE, FL 33063

OSORIO, EFRAIN H.
5461 NW 15th St. Bay 1
MARGATE, FL 33063

**DO NOT WRITE
IN THIS SPACE**

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]

Signature (Typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when re-issuing)

1/25/07

DA

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P
OSORIO, EFRAIN H
5491 NW 15 STREET BAY 1
MARGATE, FL 33063

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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NAME
STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 199, 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: *X*

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/07

Daytime Phone #