

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90179 004 ***163.75

DOCUMENT # P05000118405

1. Entity Name

SIGNATURE CUSTOM CABINETS & WOOD WORKS, INC.



Principal Place of Business

930 NW 179TH ST.
MIAMI GARDENS FL 33169

Mailing Address

930 NW 179TH ST.
MIAMI GARDENS FL 33169



2. Principal Place of Business

4830 pembroke RD

Suite, Apt. #, etc.

APT # 1E

City & State

Hollywood Florida

Zip

33021

Country

3. Mailing Address

4830 pembroke RD

Suite, Apt. #, etc.

APT # 1E

City & State

Hollywood Florida

Zip

33021

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3838256

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DANGLEBEN, MARTIN A
930 NW 179TH ST.
MIAMI GARDENS FL 33169

7. Name and Address of New Registered Agent

Name

MARTIN Signature custom cabinets &

Street Address (P.O. Box Number is Not Acceptable)

wood works inc - 4830 pembroke RD

1E

City

Hollywood Florida

FL

Zip Code

33021

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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

4-9-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DANGLEBEN, MARTIN A	
STREET ADDRESS	930 NW 179TH ST.	
CITY-ST-ZIP	MIAMI GARDENS FL 33169	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANGLEBEN, MARTIN A	
STREET ADDRESS	4830 pembroke RD 1E	
CITY-ST-ZIP	Hollywood FL 33021	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Signature custom cabinets &	
STREET ADDRESS	wood works, inc	
CITY-ST-ZIP	Dangleben martin a	
	4830 pembroke, RD 1E	
	Hollywood FL 33021	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06

Date

Daytime Phone #

- #954-5585991