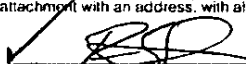


2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 26, 2007 8:00 am
Secretary of State

02-16-2007 90043 008 ***150.00

DOCUMENT # P05000121367					
1. Entity Name TERRERO STORE FIXTURES & CABINETS INC.					
Principal Place of Business 771 SE 2 PLACE HIALEAH, FL 33010			Mailing Address 771 SE 2 PLACE HIALEAH, FL 33010		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02092007 Chg-P CR2E034 (12/06) 1. FET Number APPLIED FOR 20-341842 Applied For Not Applicable 5. Corporate Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONZALEZ, ROGER 771 SE 2 PLACE HIALEAH, FL 33010				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or for the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when changing registered office)					
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			11. ADDITIONAL CHARGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPST ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	GONZALEZ, ROGER	NAME			
STREET ADDRESS	771 SE 2 PLACE	STREET ADDRESS			
CITY- ST- ZIP	HIALEAH, FL 33010	CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, Florida Statutes, and that the information is true and accurate and that my signature shall have the same legal effect as if made under oath. 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: 			2/7/07 786 262 505 7491		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					