
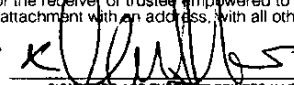


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90143 027 \*\*\*150.00

|  |   |  |   |
|--|---|--|---|
| <b>DOCUMENT # P05000122815</b><br>1. Entity Name<br><b>DOLPHIN CABINETS, INC.</b>  |   |   |   |
| Principal Place of Business<br><b>7545 E TREASURE DR - # 6E<br/>N BAY VILLAGE, FL 33141</b>  |   | Mailing Address<br><b>7545 E TREASURE DR - # 6E<br/>N BAY VILLAGE, FL 33141</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>18440 NE 20 PL</b>  |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |
| City & State<br><b>NORTH MIAMI BEACH FLORIDA</b>   |   | City & State<br><b>FLORIDA</b>   |   |
| Zip<br><b>33179</b>  |   | Country  |   |
| Country  |   | Country  |   |
| 4. FEI Number<br><b>20-3421096</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>DELFIN, MARCELO T<br/>7545 E TREASURE DR - # 6E<br/>N BAY VILLAGE, FL 33141</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>               |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PS<br>DELFIN, MARCELO T<br>7545 E TREASURE DR - # 6E<br>N BAY VILLAGE, FL 33141 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>18440 NE 20 PL<br/>N. M. B. FL 33179</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>LISTICIA M. FUENTES<br>18440 NE 20 PL<br>N-M-B FL 33179                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete<br><input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 12. I hereby certify that the information supplied with this filing 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 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:    |   | 2/21/07 756-486-2093   |   |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Date Daytime Phone #</small>  |   |