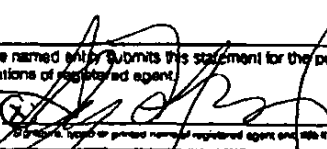
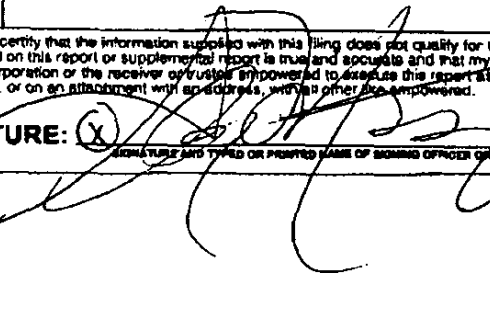


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-19-2006 90025 014 ***150.00

DOCUMENT # P05000130416			
1. Entity Name MUNOZ CABINETRY INSTALLATIONS, INC.			
Principal Place of Business 1100 E. 52ND ST HIALEAH, FL 33013		Mailing Address 1100 E. 52ND ST HIALEAH, FL 33013	
2. Principal Place of Business		3. Mailing Address P.O. BOX 22651	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HIALEAH, FL	
Zip	Country	Zip	Country
33002	U.S.	33002	U.S.
4. PEI Number 20-3529755		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNOZ, ANTONIO JR 1100 E. 52ND ST HIALEAH, FL 33013		7. Name and Address of New Registered Agent Name ANTONIO MUNOZ JR. Street Address (P.O. Box Number is Not Acceptable) 801 W. 49th St. #226 City HIALEAH FL Zip Code 33012	
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 		DATE 5-11-06	
FILE NUMBER FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MUNOZ, ANTONIO JR 511 EAST 43RD STREET HIALEAH, FL 33013 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MUNOZ, ALEX 14680 SW 39TH COURT MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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, without other fee empowered.			
SIGNATURE: 		DIRECTOR ALEX MUNOZ Date 5-11-06 305-	