05/06/2006 10:00 3058211079 ACCOUNTING 5/1

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Jun 22, 2006 8:00 am
Secretary of State

05-19-2006 90025 014 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05112006 Chg-P CR2E034 (11/05)

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 33002	Country US.

4. FEI 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. 49 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 (X) ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 5-11-06

FILE NOW!!! 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

TITLE	PD	☐ Delete
NAME	MUNOZ, ANTONIO JR	
STREET ADDRESS	511 EAST 43RD STREET	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	VD	☐ Delete
NAME	MUNOZ, ALEX	
STREET ADDRESS	14680 SW 39TH COURT	
CITY-ST-ZIP	MIRAMAR, FL 33027	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: (X) ______ Director ALEX MUNOZ 5-11-06 305-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #