

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90034 021 ***150.00

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03052007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000034642 1. Entity Name Y.F. KITCHEN CABINETS, INC.					
Principal Place of Business <u>8177 NW 74 AVE</u> <u>MADLEY, FL 33166</u>			Mailing Address PO BOX 133768 HIALEAH, FL 33013		
2. Principal Place of Business - No P.O. Box # <u>849 W. 19 ST.</u>		3. Mailing Address Suite, Apt. #, etc. City & State <u>Chalco OK</u>			
Suite, Apt. #, etc. City & State <u>Chalco OK</u>		Suite, Apt. #, etc. City & State <u>Chalco OK</u>		4. FEI Number <u>20-4477969</u>	
Zip <u>33010</u>		Country <u>USA</u>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVA, LAZARO <u>8177 NW 74 AVE</u> <u>MADLEY, FL 33166</u>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <u>4955 NW. 167 ST</u> City <u>Miami Gardens</u> FL Zip Code <u>33055</u>	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVA, LAZARRO 8177 NW 74 AVE MADLEY, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>4955 NW. 167 ST.</u> <u>Miami Gardens FL 33055</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				<u>3-5-07</u> <u>305 8883143</u> Date Daytime Phone #	