2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 8:00 am Secretary of State

DOCUMENT # P06000041301 1. Entity Name A.B. LAMINATES INC.								04-20-2007 9	00083 022 ***15	50.00
Principal Place of Business 9022 NW 28TH DR APT 2301 CORAL SPRINGS, FL 33065				Mailing Address 9022 NW 28TH DR APT 2301 CORAL SPRINGS, FL 33065			L IDENIED IN	/ ム り / フ	. OCIII GIESI IIBES MIII SSISI	IIB/SP: II >BE:
2. Principal Place of Business - No P.O. Box #			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03132007	Chg-P	CR2E034 (12/06)
City & State			City & State			4. FEI Numb	540238		Applied For Not Applicable	
Zip Country		Zip Coun		ntry	5. Certificate of Status Desired See Rec			□ \$8.75 A Fee Requi	dditional red	
	6. Name	and Address of Current	Registered Agent				7. Name and	Address of New Re	egistered Agent	
BENEDICT	TO ALBE	RTO S			Name					
9022 NW 2 CORAL SE	28TH DR A	APT 2301		Stre			P.O. Box Numb	er is Not Acceptable)	
	of the second				City				FL Zip Co	ide
8. The above the obligat SIGNATURE_	named entity ions of regist	Span			•••		ed agent, or bo	th, in the State of Flor	. —	h, and accept
FIL After Ma	E NOW!!! ay 1, 2007	/ FEE IS \$150.00 7 Fee will be \$550	9. Election Co	ampaign Fina Contribution	· -		.00 May Be ed to Fees			
10.	.نيا	OFFICERS AND	DIRECTORS	11.			ADDITIONS,	CHANGES TO OFFI	CERS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9022 NW	TO, ALBERTO S 28TH DR APT 2301 PRINGS, FL 33065	☐ Delete	NAM Str					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		af Ì	TH. 902	2 NW 2	Benedic 18th dr. A 165. Fl 3	P1 # 250)	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Oelete	NAM Str					☐ Change	: Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	NAM Str					☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAJ STR CIT	AE EET ADDRESS Y-ST-ZIP				☐ Change	_
12. I hereby of indicated of the cor	certify that the lon this report reporation or the	e information supplied wi rt or supplemental report ne receiver or trustee emp echange with accordance	th this filing does not qua is true and accurate and powered to execute this r	alify for the ex that my signa report as requ	emptions co ature shall ha iired by Cha	ontained ave the opter 607	f in Chapter 119 same legal effer 7, Florida Statute	9, Florida Statutes. I ct as if made under o es; and that my name	further certify that the path; that I am an office appears in Block 10	information er or director or Block 11 if

SIGNATURE AND DIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

40072679 ATTACHMENT #P66000041361

			- TH GHEGHELY		•		
PAYER'S name, street address, city, state	, ZIP code, and telephone number	1 -	Rents	OMB No. 1545-0115 2006		Miscellaneous	
A.B. LAMINATES INC.		\$					
			Royalties	2000		Income	
9022 NW 28TH DR APT	2301	\$		Form 1099-MISC	FDWA	0302 06/22/06	
CORAL SPRINGS	FL 33065	3	Other income	4 Federal income tax wi	thheld	Сору В	
]		\$		\$		For Recipient	
PAYER'S federal identification number	RECIPIENT'S identification number	7 5	Fishing boat proceeds	6 Med & health care pay	ments	├	
20-4540238	770-44-1186	\$	<u> </u>	\$		This is important tax information and is	
RECIPIENT'S name		7	Nonemployee compensation	8 Substitute payments in	lieu	being furnished to the	
ALBERTO BENEDICTO		\$	5645.07	of dividends or interest		Internal Revenue Service. If you are	
		9	Payer made direct sales of	10 0		required to file a	
Street address (including apartment numb	er)	1	\$5,000 or more of consumer products to a buyer (recipient) for resale	10 Crop insurance procee	as	return, a negligence penalty or other	
9022 NW 28TH DR APT	2301	11		\$		sanction may be	
City	State ZIP code	┨╵╹	1	12		imposed on you if this income is	
CORAL SPRINGS	FL 33065	13	Excess golden parachute payments	14 Gross proceeds paid to an attorney	0	taxable and the IRS	
Account number (see instructions)		\$		an attorney		determines that it has not been reported.	
			State tax withheld	17 0000/00000000000000000000000000000000		18 State income	
15 a Section 409A deferrals	15b Section 409A income	s	State tax witnineid	17 State/Payer's state no	•	1 .7	
s	\$	-⊱				\$	
BAA Form 1099-MISC	(Keep for y	1 1	rocorde \	<u></u>		19	
BAA TOINI 1095-MISC	(Neep for y	rour	records.)	Department of	the Tre	asury — Internal Revenue Service	
	VOID CORREC	TEC)				
PAYER'S name, street address, city, state	, ZIP code, and telephone number	1	Rents	OMB No. 1545-0115			
A.B. LAMINATES INC.		\$	<u> </u>	2006		Miscellaneous	
		2	Royalties	2006	1	Income	
9022 NW 28TH DR APT	2301	\$		Form 1099-MISC			
CORAL SPRINGS	FL 33065	3	Other income	4 Federal income tax wit	hheld	Comuc	
		\$		\$		Copy C For Payer	
PAYER'S federal identification number	RECIPIENT'S identification number	5	Fishing boat proceeds	6 Med & health care pay	ments	- FOI Payer	
20-4540238	770-44-1186	\$		\$			
RECIPIENT'S name		7	Nonemployee compensation	8 Substitute payments in	lieu	1	
ALBERTO BENEDICTO		\$	5645.07	of dividends or interest		For Privacy Act and Paperwork	
		9	Payer made direct sales of	3	 	Reduction Act	
Street address (including apartment numb		-	\$5,000 or more of consumer products to a buyer	10 Crop insurance procee	ds	Notice, see the	
9022 NW 28TH DR APT			(recipient) for resale	\$		2006 General Instructions for	
City	State ZIP code	- <u> 11</u>	J	12		Forms 1099, 1098,	
CORAL SPRINGS	FL 33065	12	Evenes politics	14 Crees areas and a said to		5498, and W-2G.	
Account number (see instructions)	2nd TIN not.		Excess golden parachute payments	14 Gross proceeds paid to an attorney	3		
(Ş					
15 a Section 409A deferrals	15b Section 409A income		State tax withheld	17 State/Payer's state no		18 State income	
15 a Section 409A deferrals		_\$_		L		<u> \$</u>	
<u> </u>	\$	\$	*****			\$	
BAA Form 1099-MISC	FDWA0302	2 0	6/22/06	Department of	the Tre	asury - Internal Revenue Service	
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	VOID CORREC	TEC)				
PAYER'S name, street address, city, state	, ZIP code, and telephone number	1	Rents	OMB No. 1545-0115	1		
A.B. LAMINATES INC.		\$		0000		Miscellaneous	
		2	Royalties	2006		Income	
9022 NW 28TH DR APT	2301	s	-	Form 1099-MISC	ļ		
CORAL SPRINGS	FL 33065	_	Other income	4 Federal income tax wit	rhheid		
		s	;	\$		Copy 1	
PAYER'S federal identification number	RECIPIENT'S identification number		Fishing boat proceeds	6 Med & health care pay	ments	For State Tax	
20-4540238	770-44-1186	\$		s		Department	
RECIPIENT'S name	7,0 11 1100		Nonemployee compensation	8 Substitute payments in	lieu		
]		s		of dividends or interest	i	1	
ALBERTO BENEDICTO			Payer made direct sales of	\$			
		` ا	\$5,000 or more of consumer	10 Crop insurance procee	ds	1	
Street address (including apartment numb			products to a buyer (recipient) for resale	\$			
9022 NW 28TH DR APT		_11		12	73	1	
City	State ZIP code		- -	المنتقل المناسب ووالد	1]	
CORAL SPRINGS	FL 33065	_ 13	Excess golden parachute payments	14 Gross proceeds paid to an attorney	5		
Account number (see instructions)		\$	poracriote payments				
	T	16	State tax withheld	17 State/Payer's state no		18 State income	
15 a Section 409A deferrals	15b Section 409A income	\$		L		<u> \$</u>	
lė	i &	T &				_ _	

ATTACHMENT #P6600041361 40072679 PAYER'S name, street address, city, state, ZIP code, and telephone number OMB No. 1545-0115 Miscellaneous A.B. LAMINATES INC. 2006 2 Royalties Income 9022 NW 28TH DR APT 2301 \$ Form 1099-MISC | FDWA0302 06/22/06 CORAL SPRINGS 3 Other income FL 33065 4 Federal income tax withheld Copy B \$ For Recipient PAYER'S federal identification number RECIPIENT'S identification number 5 Fishing boat proceeds 6 Med & health care payments This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a 20-4540238 766-32-1177 RECIPIENT'S name 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest THAIS BENEDICTO 1355.76 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale ► required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been repeted. 10 Crop insurance proceeds Street address (including apartment number) 9022 NW 28TH DR APT 2301 12 City State ZIP code CORAL SPRINGS FL 33065 13 Excess golden paractivité payments 14 Gross proceeds paid to an attorney Account number (see instructions) \$ not been reported. 16 State tax withheld 17 State/Payer's state no. 18 State income 15 a Section 409A deferrals 15b Section 409A income \$ BAA Form 1099-MISC (Keep for your records.) Department of the Treasury - Internal Revenue Service VOID CORRECTED PAYER'S name, street address, city, state, ZIP code, and telephone number 1 Rents OMB No. 1545-0115 A.B. LAMINATES INC. Miscellaneous 2006 Income 2 Royalties 9022 NW 28TH DR APT 2301 Form 1099-MISC CORAL SPRINGS FL 33065 3 Other income 4 Federal income tax withheld Copy C For Payer PAYER'S federal identification number RECIPIENT'S identification number 5 Fishing boat proceeds 6 Med & health care payments 20-4540238 766-32-1177 RECIPIENT'S name 7 Nonemployee compensation 8 Substitute payments in lieu of dividends or interest For Privacy Act 1355.76 THAIS BENEDICTO and Paperwork Payer made direct sales of Reduction Act 10 Crop insurance proceeds \$5,000 or more of consumer products to a buyer (recipient) for resale Notice, see the 2006 General Street address (including apartment number) 9022 NW 28TH DR APT 2301 Instructions for 11 12 Forms 1099, 1098, 5498, and W-2G. State ZIP code CORAL SPRINGS FL 33065 13 Excess golden parachute payments 14 Gross proceeds paid to an attorney Account number (see instructions) 2nd TIN not. Ś 16 State tax withheld 17 State/Payer's state no. 18 State income 15 a Section 409A deferrals 15b Section 409A income \$ BAA Form 1099-MISC FDWA0302 06/22/06 Department of the Treasury - Internal Revenue Service | VOID | CORRECTED PAYER'S name, street address, city, state, ZIP code, and telephone number OMB No. 1545-0115 1 Rents A.B. LAMINATES INC. Miscellaneous \$ 2006 Income 2 Royalties 9022 NW 28TH DR APT 2301 \$ Form 1099-MISC CORAL SPRINGS FL 33065 3 Other income 4 Federal income tax withheld Copy 1 \$ For State Tax PAYER'S federal identification number RECIPIENT'S identification number 5 Fishing boat proceeds 6 Med & health care payments **Department** 20-4540238 766-32-1177 8 Substitute payments in lieu of dividends or interest RECIPIENT'S name 7 Nonemployee compensation 1355.76 THAIS BENEDICTO Payer made direct sales of \$5,000 or more of consumer products to a buyer 10 Crop insurance proceeds Street address (including apartment number) (recipient) for resale 9022 NW 28TH DR APT 2301 A 17 17 State ZIP code 13 Excess golden parachute payments CORAL SPRINGS FL 33065 14 Gross proceeds paid to an attorney Account number (see instructions) Ś 18 State income 16 State tax withheld 17 State/Paver's state no. 15 a Section 409A deferrals 15b Section 409A income \$