

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-20-2007 90083 022 ***150.00

DOCUMENT # P06000041301

1. Entity Name
A.B. LAMINATES INC.



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**

40072073



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4540238

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BENEDICTO, ALBERTO S
9022 NW 28TH DR APT 2301
CORAL SPRINGS, FL 33065**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
BENEDICTO, ALBERTO S
9022 NW 28TH DR APT 2301
CORAL SPRINGS, FL 33065**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DIRECTOR
THAIS G. BENEDICTO
9022 NW 28TH DR. APT # 2301
CORAL SPRINGS, FL 33065**

☐ Change ☒ Addition

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

40072679

ATTACHMENT

#P66000041361

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone number A.B. LAMINATES INC. 9022 NW 28TH DR APT 2301 CORAL SPRINGS FL 33065		1 Rents \$	OMB No. 1545-0115 2006 Form 1099-MISC FDWA0302 06/22/06		Miscellaneous Income Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are 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 reported.
PAYER'S federal identification number 20-4540238		2 Royalties \$	4 Federal income tax withheld \$		
RECIPIENT'S identification number 770-44-1186		3 Other income \$	6 Med & health care payments \$		
RECIPIENT'S name ALBERTO BENEDICTO		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apartment number) 9022 NW 28TH DR APT 2301		7 Nonemployee compensation \$ 5645.07	10 Crop insurance proceeds \$		
City CORAL SPRINGS State ZIP code FL 33065		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	12		
Account number (see instructions)		11	13 Excess golden parachute payments \$		
15 a Section 409A deferrals \$		16 State tax withheld \$	14 Gross proceeds paid to an attorney \$		
15 b Section 409A income \$		17 State/Payer's state no.	18 State income \$		

BAA Form 1099-MISC

(Keep for your records.)

Department of the Treasury — Internal Revenue Service

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RECIPIENT'S identification number 766-32-1177		3 Other income \$	6 Med & health care payments \$		
RECIPIENT'S name THAIS BENEDICTO		5 Fishing boat proceeds \$	8 Substitute payments in lieu of dividends or interest \$		
Street address (including apartment number) 9022 NW 28TH DR APT 2301		7 Nonemployee compensation \$ 1355.76	10 Crop insurance proceeds \$		
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