

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90001 043 \*\*\*158.75

**DOCUMENT # P06000063553**

1. Entity Name  
**CNI CABINET SHOP, INC.**



Principal Place of Business      Mailing Address  
**3725 20TH AVE SE      3725 20TH AVE SE**  
**NAPLES FL 34117      NAPLES FL 34117**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

2nd MOORE      CR2E034 (4/07)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**20-4804297**

Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VIENES, CARLOS L**  
**3725 20TH AVE SE**  
**NAPLES FL 34117**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**DUE BY September 5, 2007**  
**Make Check Payable to Florida Department of State**

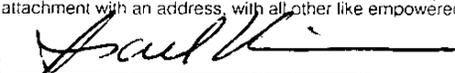
S 607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VIENES, CARLOS L</b>	
STREET ADDRESS	<b>2036 NW 2ND PLACE</b>	
CITY - ST - ZIP	<b>CAPE CORAL FL 33993</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VIENES, ISRAEL</b>	
STREET ADDRESS	<b>3725 20TH AVE SE</b>	
CITY - ST - ZIP	<b>NAPLES FL 34117</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/07 239 821 5101

Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_