

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063592

Entity Name: B.R. CABINETS INSTALLERS , INC

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

3124 CHEROKEE RD  
ST CLOUD, FL 34772

## New Principal Place of Business:

## Current Mailing Address:

3124 CHEROKEE RD  
ST CLOUD, FL 34772

## New Mailing Address:

FEI Number: 20-4844436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BADILLA, LEIDALID  
3124 CHEROKEE RD  
ST CLOUD, FL 34772 US

## Name and Address of New Registered Agent:

BADILLA, LEIDA  
3124 CHEROKEE RD  
ST CLOUD, FL 34772 US

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.

SIGNATURE: LEIDA BABILLA

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BADILLA, LEIDALID  
Address: 3124 CHEROKEE RD  
City-St-Zip: ST CLOUD, FL 34772

Title: VP ( ) Delete  
Name: MORA, RICARDO  
Address: 3124 CHEROKEE ROAD  
City-St-Zip: ST CLOUD, FL 34742

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MORA, RICARDO  
Address: 3124 CHEROKEE ROAD  
City-St-Zip: ST CLOUD, FL 34772

Title: S ( ) Change (X) Addition  
Name: BADILLA, MARVIN  
Address: 3124 CHEROKEE RD  
City-St-Zip: ST CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEIDA BADILLA

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date