
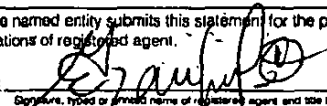
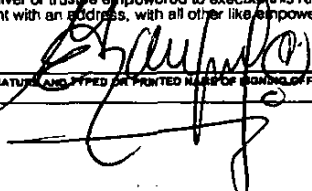


**2008 FC PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2008 8:00 am
Secretary of State

05-30-2008 90216 041 ***150.00

DOCUMENT # P06000073158		
1. Entity Name GRAUPERA CABINET, INC		
Principal Place of Business 7450 NW 74 AVENUE #66 MEDLEY, FL 33166	Mailing Address 7450 NW 74 AVENUE #66 MEDLEY, FL 33166	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GRAUPERA ELOY 740 NE 1 PLACE HIALEAH, FL 33010		DO NOT WRITE IN THIS SPACE
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 <u></u> (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAUPERA, ELOY 740 NE 1 PLACE HIALEAH, FL 33010	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GRAUPERA, ODALYS 740 NE 1 PLACE HIALEAH, FL 33010	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

03182008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5192854

Applied For
Not Applicable

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