
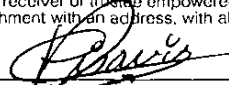


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90005 041 ***150.00

DOCUMENT # P06000086020 1. Entity Name KITCHEN & BATHROOM CABINETS USA CORP.					
Principal Place of Business 6705 W 26 DRIVE - BUILDING 7 APT. 14 HIALEAH, FL 33016			Mailing Address 6705 W 26 DRIVE - BUILDING 7 APT. 14 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box # 1907 SW 12th LANE		3. Mailing Address 1907 SW 12th LANE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lape Coral FL		City & State Lape Coral FL		4. FEI Number 20-5106099	
Zip 33991		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALTHAUS, CLAUDIO G 9246 SW 143 COURT MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Pisani, Cesar D Street Address (P.O. Box Number is Not Acceptable) 1907 SW 12th LANE City Lape Coral FL Zip Code 33991		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PISANI, CESAR D <input type="checkbox"/> Delete 6705 W 26 DRIVE - BUILDING 7 APT. 14 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PISANI, CESAR D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1907 SW 12th LANE Lape Coral, FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUIZ, MARIA E <input type="checkbox"/> Delete 6705 W 26 DRIVE - BUILDING 7 APT. 14 HIALEAH, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RUIZ, MARIA E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1907 SW 12th LANE Lape Coral, FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  PISANI CESAR			3/19/07 786-294-7208		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		