

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000100531

Entity Name: FORMA CABINETS, INC.

**FILED**  
**Mar 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4916 SPRING RUN AVE  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

4916 SPRING RUN AVE  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 20-5306022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SOARES, ALEX  
4916 SPRING RUN AVE  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SOARES, ALEX  
Address: 4916 SPRING RUN AVE  
City-St-Zip: ORLANDO, FL 32819 US

Title: S  
Name: LUPORINI, ANNA L  
Address: 4916 SPRING RUN AVE  
City-St-Zip: ORLANDO, FL 32819 US

I hereby 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 all other like empowered.

SIGNATURE: ALEX P. SOARES

MR.

03/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date