2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000104678

1. Entity Name

APHIS MILLWORK & CABINETRY INC.



Principal Place of Business

1919 NW 19 STREET

SUITE 625

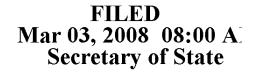
FT. LAUDERDALE, FL 33311

Mailing Address

1919 NW 19 STREET

SUITE 625

FT. LAUDERDALE, FL 33311





DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5361192

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEYMONAT, JUAN 1919 NW 19 STREET SUITE 625

FT. LAUDERDALE, FL 33311

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its register	ed office or i	registered agent, or bo	oth, in the State of Flor	ida. I am tamiliar	with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered				e required when reinstating)	DATE			
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution,		\$5.00 May Be Added to Fees	t-U00000 03/13/08-)844701 -80008-009	 3 150.00	
10.	OFFICERS AND DIREC	CTORS	`	7.00	1 . 6	1.	114	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PSD GEYMONAT, JUAN 1919 NW 19 STREET SUITE 625 FT. LAUDERDALE, FL 33311	have						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BOUZA, JORGE L 1919 NW 19 STREET SUITE 625 FT. LAUDERDALE, FL 33311							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDBERG, IRWIN L 1919 NW 19 STREET SUITE 625 FT. LAUDERDALE, FL 33311	2.		DO	NOT W	RITE		
THILE NAME STREET ADDRESS CITY-SI-ZIP				IN.	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Transfer					
TITLE NAME								

12. I hereby certify that the information supplied with the 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 if the arro 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 empty-ered followed the scrutter 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TREED OR PHINNED NAME OF SIGNING OFFICER OR DIRECTO

2-26-08

954-522-1166

Daytime Phone #