2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 26, 2007 8:00 am Secretary of State DOCUMENT # P06000112385 03-26-2007 90067 028 ***150.00 M.Y. KITCHEN CABINET INC. Principal Place of Business Mailing Address 40041447 8160 W 28 CT 201 8160 W 28 CT 201 HIALEAH, FL 33018 HIALEAH, FL 33018 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-5652015 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAREGO, MARTIN 8160 W 28 CT 201 Street Address (P.O. Box Number is Not Acceptable) HIALEAH, FL 33018 City Zip Code FL 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. Signature, typed or printed name of registered agent and title it applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution Lines. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ΠP □ Delete TITLE 🛣 Change ☐ Addition MARTIN BORREGO BORRGO, MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 8160 W 28 CT 201 CITY-ST-ZIP HIALEAH, FL 33018 CITY-ST-ZIP Addition | Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information onlys 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 emplowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if I hereby certify that the information supplied indicated on this report or supplemental reg of the corporation or the receiver or trustee with all other like empowered. SIGNATURE:

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED