2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-12-2007 90364 026 ***150.00

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1. Entity Name
THE MASTER CABINET & TRIM INC.

Principal Place of Business	Mailing Address
2212 SAN VITTORINO CIRCLE #103 KISSIMMEE, FL 34741	2212 SAN VITTORINO CIRCLE #103 KISSIMMEE, FL 34741

6600I...

03032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
3516 Garden E Dr		3516 Garden E Dr	
Suite, Apt. #, etc. Apt A		Suite, Apt. #, etc. Apt A	
City & State Palm Beach Gardens FL		City & State Palm Beach FL	
Zip 33410	Country US	Zip 33410	Country US

4. FEI Number 56-2609924 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MONRROY, MICHELL J
2212 SAN VITTORINO CIRCLE
#103
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name: Monrroy, Michell J
Street Address (P.O. Box Number is Not Acceptable): 3516 Garden E Dr
Apt A
City: Palm Beach Gardens FL Zip Code 33410

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] 3/3/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P MONRROY, MICHELL J 2212 SAN VITTORINO CIRCLE #103 KISSIMMEE, FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3516 Garden E Dr Apt A Palm Beach Gardens FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 3/3/07 561-262-6091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #