

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000129043	
1. Entity Name AMERICAN CABINET CUSTOM FURNITURE, INC.	
Principal Place of Business 9600 N.W. 25TH STREET SUITE 6-A DORAL, FL 33172-1416	Mailing Address 9600 N.W. 25TH STREET SUITE 6-A DORAL, FL 33172-1416



02062008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0608964	Applied For Not Applicable
-----------------------------	-------------------------------

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GONZALEZ, FRANCISCO
8980 S.W. 12TH STREET
MIAMI, FL 33174

**DO NOT WRITE
IN THIS SPACE**

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

Francisco Gonzalez

(NOTE: Registered Agent signature required when reinstating)

4-7-08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GONZALEZ, FRANCISCO
STREET ADDRESS	8980 S.W. 12TH STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	S
NAME	GONZALEZ, NIDIA
STREET ADDRESS	8980 S.W. 12TH STREET
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Francisco Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08 305-477-2939
Daytime Phone #