## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000136229

Entity Name: PALACE THERMOFOIL CABINETS DOORS CORP

FILED Sep 17, 2008 Secretary of State

<b>Current Pr</b>	incipal Place o	f Business:	New Princ	New Principal Place of Business:		
4716 N GRATAMPA, FL						
Current Mailing Address:			New Maili	New Mailing Address:		
4716 N GRA TAMPA, FL						
FEI Number:	20-5782524	FEI Number Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
VELANDIA, CARLOS E 8405 N HIMES AVE 209-B TAMPA, FL FL US			4716 N GŔ	PALACIO, CARLOS A 4716 N GRADY AVE TAMPA, FL FL US		
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: CARLOS A PALACIO				09/17/2008		
	Electronic	Signature of Registered Agen	t		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.						
Election Campaign Financing Trust Fund Contribution ( ).				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
OFFICERS AND DIRECTORS:				S/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) D PALACIO, CARLO 27418 WATER AS WESLEY CHAPE	PS A SH DR	Title: Name: Address: City-St-Zip:	PALACIO, ALIRI 27418 WATER A		
Title: Name: Address: City-St-Zip:	VP (X) D CASTILLO, MART 27346 WATER AS WESLEY CHAPE	HA SH DR	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T (X) D PALACIO, ALIRIA 27346 WATER AS WESLEY CHAPE	SH DR	Title: Name: Address: City-St-Zip:	( )	Change ()Addition	
Title: Name: Address: City-St-Zip:	S (X) D PALACIO, LUIS F 6815 FOUNTAIN A TAMPA, FL 3363	<b>V</b>	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALIRIA PALACIO P 09/17/2008