

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90001 001 ***150.00

DOCUMENT # P06000139892 1. Entity Name BATTLES-GARCIA CABINETRY INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 250 E 18TH ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State	
Zip 33010-3145	Country	Zip	Country

✓
40043150

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4. FEI Number 20-5853547		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GARCIA, CHRISTINA	
Street Address (P.O. Box Number is Not Acceptable) 250 E 18TH ST	
City HIALEAH	Zip Code 33010-3145

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 CHRISTINA GARCIA **3/15/2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, CHRISTINA 250 E 18TH ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BATTLES, ANDRES JR 250 E 18TH ST HIALEAH, FL 33010
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **PRESIDENT,** **3/15/2007** **(305) 303-2889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #