
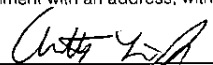


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 8:00 am
Secretary of State

08-17-2007 90029 004 ***150.00

DOCUMENT # P06000145074 1. Entity Name LEIRANA CABINETS INC.					
Principal Place of Business 13415 STARFISH DRIVE HUDSON, FL 34667			Mailing Address 13415 STARFISH DRIVE HUDSON, FL 34667		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 77-0692202 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIRANA, ANTHONY 13415 STARFISH DR. HUDSON, FL 34667			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 LEIRANA, ANTHONY 13415 STARFISH DR. HUDSON, FL 34667 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			8/10/07 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



07302007 Chg-P CR2E034 (12/06)

ATTACHMENT

40129447
#P06 000145074

Leirana Cabinets, Inc.
13415 Starfish Drive
Hudson, FL 34667

July 30, 2007

Florida Department of State
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

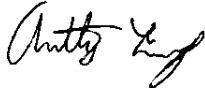
I am in receipt of a letter notifying me that my corporation will be dissolved for non payment of the annual fee.

This is the first notification I have received regarding any fee. I incorporated on November 20, 2006 and did not know that I needed to make any other payment.

I am enclosing a check for \$150.00 along with the 2007 Annual Report. I ask that you waive any late filing fee as I did not know I owed any other monies. I spoke with an accountant and was told I should have received a card. I never received any such card, but if I had I would have responded to it.

Again I ask that you waive this penalty at this time as this is a new corporation and I was not aware of any additional filing fees.

Sincerely,



Anthony Leirana
President