2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P07000088835 1. Entity Name INTER CABINETS INC								ry 01 Sta 0414 041 ***150	
Principal Plac	e of Busines	is	Mailing Address	-	J	1			
603 KING ST			603 KING ST		-				
JACKSONVILLE, FL 32204 US			JACKSONVILLE, FL 3	2204	US				
					•	 	ARM IRRU CRIN COM TAN	A MATAN KAKAN KAKAN KAKAN	
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address	3. Mailing Address 337 FOX RIDGE R.D.					
0.24			337 FOX 1	21015	e Kro.		25 41 182 11 52 10 25 01 25 11	E3 11 11 14 14 15 15 15 15 15 15 15	1111621 H 122+
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04252008	Chg-P	CR2E034 (12/06))
City & State			City & State	000		4. FEI Numbe			opplied For
		T	OPANGE			2606	62410		lot Applicable
Zip	ļ	Country	^{Zip} 32065	Coun	LAY.	5. Certificate	of Status Desired	□ \$8.75 Ad Fee Requin	lditional ed
6. Name and Address of Current						7. Name and	Address of New Re	<u>`</u>	
CIMENEZ	DAMIEL			_	Name				
GIMENEZ, 603 KING			:	Street Address			er is Not Acceptable	0)	
JACKSONVILLE, FL 32204				 					
		÷			City			FL Zip Coo	de
8. The above	named entit	y submits this statement	for the purpose of changing is	ts register	ed office or registe	red agent, or bot	h, in the State of Flo	rida. I am familiar with	, and accept
the obligat	tions of regist	ered agent//					/.	D	
SIGNATURE_	Planet & Nove	coupsius	3	^_ p			4-	<u> 20-08</u>	
Signature, typed or printed name of registered effect and title if explicable. (NOTE: Registered Agent signature required when reinstating) OATE									
		FEE IS \$150.00 8 Fee will be \$550	.00 May Be ded to Fees						
10.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTOR	RS IN 11
TITLE	PST GIMENEZ	7 DANIEL	☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS	603 KING			NAM STRE	ET ADDRESS				
CITY-ST-ZIP		NVILLE, FL 32204			-ST-ZIP				
TITLE			☐ Detete	TITLE	E			☐ Change	☐ Addition
NAME				NAM	_				
STREET ADDRESS City-St-Zip					ET ADDRESS -ST-ZIP				
TITLE -			☐ Delete	TITLE				☐ Change	☐ Addition
NAME				NAM					
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS				į
		·			-ST-ZIP				
TITLE NAME			☐ Delete	TITLE NAMI	4			☐ Change	☐ Addition
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				CITY	-ST-ZIP				
TITLE			☐ Defete	TITLE	l.			☐ Change	☐ Addition
NAME STREET ADDRESS				NAMI STRE	E ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				
TITLE			☐ Delete	TITLE				Change	Addition
NAME				NAM	1				
STREET ADDRESS CITY-ST-ZIP				E .	ET ADDRESS -ST-ZIP				
12. I hereby o	ertify that the	e information supplied wi	ith this filmo does not qualify '	for the exe	emotions contained	d in Chapter 119	Florida Statutes 11	further certify that the	information
12. Thereby certify that the information supplied with this fifing 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 tristee employered 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.									
changed,	or on an atta	/ / //	11	d.	ou by bridgion bor				
SIGNAT	URF	Litrel	ky			4-20	-08	904 4652	2572