2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000010964

City-St-Zip: HOMESTEAD, FL 33033

Entity Name: EMAU'S GABINETES INC

FILED Sep 02, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|---------------------------------------|--|-----------------------------------|--|--|
| 972 NE 35 HOMESTE | 5 AVE EAD, FL 33033 | : | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 972 NE 35 HOMESTE | 5 AVE EAD, FL 33033 | i | | | |
| FEI Number | : 26-3016223 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| 972 NE 35 | MEZA, FREDDY SAVE EAD, FL 33033 | | | | |
| | e named entity s e of Florida. | submits this statement for the | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| Electronic Signature of Registered Agent | | | ent | Date | |
| | | 3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: | D () GARCIA MEZA, | | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

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: FREDY H. GARCIA MEZA D 09/02/2009