

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
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**FILED**  
11 MAY 23 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034B (1/11)

DOCUMENT # **PO9000000700**

1. Entity Name

**ATHENAS CABINET & DOOR, CORP.**



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2. Principal Place of Business - No P.O. Box #  
**1101 53 RD CT SUR**

3. Mailing Address  
**1101 53 RD CT SUR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MANGONIA FL**

City & State  
**MANGONIA FL**

4. FEI Number  
**26-3983547**

Applied For  
Not Applicable

Zip  
**33407**

Country

Zip  
**33407**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name  
**GREGORIO TARANO**

Street Address (P.O. Box Number is Not Acceptable)

**1101 53 RD CT SUR**

City  
**MANGONIA**

FL

Zip Code  
**33407**

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 **GREGORIO TARANO**

DATE  
**05/17/11**

Signature, typed or printed name of registered agent and the fee applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

**jackiemora1050112 HSN.com**  
E-mail address to be used for future annual report notices.

## 10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**  
NAME **GREGORIO TARANO**  
STREET ADDRESS **3252K TALL PINE RD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **VICEPRESIDENT**  
NAME **YANIR TARANO**  
STREET ADDRESS **3252K TALL PINE RD**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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**000207298770**  
**05/05/11-07/07/11-023 \$150.00**

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: **GREGORIO TARANO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**05/17/11**

Daytime Phone #  
**786 366 6887**

5123