2012 FOR PROFIT CORPORATION

ANNUAL REPORT			
DOCUMENT # P11000043708 1. Entity Name COLOR DESIGNER CABINET CORP.			12 HAY 18 PH 12: 35
		No.	
Principal Place of Business 5625 DEWEY STREET HOLLYWOOD, FL 33023	Mailing Address 5625 DEWEY STREET HOLLYWOOD, FL 33023		
2. Principal Place of Business - No P.O. Box	# 3. Mailing Address		
700 NW 57 Place 700 NW 57 Place 700 NW 57 Place		Place	100 100 101 50 IEUK DEKIT DEKIT DAKIT BAKKI BAKKI BAKKI BAKKI SUBIL SUBIL SUBIL SUBIL SUBIL SUBIL SUBIL
Suite, Apt. #, etc. BAY #6	Suite, Apt. #, etc. BqU # 6		04262012 Chg-P CR2E034 (12/11)
City & State Pompa no Beach , 7-1.	City & State Pompano Beac	カギ	4. FEI Number Applied For Not Applicable
Zip 33309. Country USA	zip 333309	Country	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Co	urrent Registered Agent		7. Name and Address of New Registered Agent
POMPANO BEACH, FL 33064			is (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 Signature, typed or printed name of registered agent and task if applicable (NOTE. Registered Agent signature required when renatating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2012 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees			
10. OFFICERS	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PRES NAME VEGA, JORGE E STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33	□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	☐ Delete	TITLE NAME	Change
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500235289175 05/18/1201012008 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRCGS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: JOYGE & LOSA DONINIZ Ibrano 560 hatmail com SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS MAY 1 8 2012			

MAY 1 8 7017