

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000085568

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** UMRAN CABINET & FURNITURE, INC.

**Current Principal Place of Business:**

2533 LAUREL BLOSSOM CIR  
OCOE, FL 34761

**New Principal Place of Business:**

2533 LAUREL BLOSSOM CIR  
OCOE, FL 34761 US

**Current Mailing Address:**

2533 LAUREL BLOSSOM CIR  
OCOE, FL 34761

**New Mailing Address:**

**FEI Number:** 45-3472886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIKE'S TAX & ACCOUNTING, INC.  
269 N. UNIVERSITY DRIVE  
SUITE I  
PEMBROKE PINES, FL 33024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: UMRAN, FIROZ  
Address: 2533 LAUREL BLOSSOM CIR  
City-St-Zip: OCOE, FL 34761 US

Title: VP/D  
Name: UMRAN, MOHAMED  
Address: 2533 LAUREL BLOSSOM CIR  
City-St-Zip: OCOE, FL 34761 US

I hereby 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 all other like empowered.

SIGNATURE: FIROZ UMRAN

P

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date