## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P93000067205

1. Entity Name

PRECISION CABINETS, INC.



FILED Apr 20, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

2480 FORSYTH RD ORLANDO, FL 32807 2480 FORSYTH RD ORLANDO, FL 32807



## DO NOT WRITE IN THIS SPACE

03222007 No Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

NASSERI, FARAMARZ 1111 KASPER DR ORLANDO, FL 32806

## DO NOT WRITE IN THIS SPACE

the obligat	tions of registered agent.	ourpose of changing its register	Led office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and little	if applicable (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.		\$5.00 May Be Added to Fees	,	
10.	OFFICERS AND DIREC	CTORS			— ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NASSERI, FARAMARZ 1111 KASPER DR ORLANDO, FL 32806		,		000000720325 05/01/07-80101-003 150.00	
TITLE NAME STREET ADDRESS CITY: ST-ZIP				• • •		
NAME STREET ADDRESS CITY ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 4

Date Daytime Phone #