2005 FÖR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2005 08:00 AM Secretary of State DOCUMENT # P94000012355 1. Entity Name R & R DESIGNER CABINETS, INC. Principal Place of Business Mailing Address 3063 N.W. 23RD WAY 3063 N.W. 23RD WAY FT. LAUDERDALE, FL 33311 FT. LAUDERDALE, FL 33311 04092005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0471971 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIRANDA, REYNALDO DO NOT WRITE 3063 N.W. 23RD WWAY OAKLAND PARK, FL 33311 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signalure, typed or printed name of registered agen) and title if applicable (NOTE Registered Agent signature required when reinsisting) DATE 11000000389457 9. Election Campaign Financing \$5.00 May Be 04/16/05-80037-020 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D NAME MIRANDA, REYNALDO STREET ADDRESS 3063 N.W, 23 WAY CITY-ST-ZIP OAKLAND PARK, FL 33311 me STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE MIL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes 1 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 comporation 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.

STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05

954-735-8805

Daytime Phone #

FILED