

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000018680

1. Entity Name
EURO TREND CABINETS, INC.



Principal Place of Business
10645 SW 185 TERRACE
MIAMI, FL 33157 US

Mailing Address
10645 SW 185 TERRACE
MIAMI, FL 33157 US

FILED

2007 SEP 18 AM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0474576

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHOOS, S. SCOTT
15600 SW 288 ST.
STE. 312
HOMESTEAD, FL 33033

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00109570198
09/18/07--01024--011 **\$550.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHAMBERS, SOLOMON
STREET ADDRESS 10367 S.W. 207TH TERRACE
CITY-ST-ZIP MIAMI, FL 33189

TITLE S
NAME CHAMBERS, SHERYL
STREET ADDRESS 10367 SW 207 TERR
CITY-ST-ZIP MIAMI, FL 33189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

9/13/07 305-252-3317

9/19/07