2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# P94000024298

Entity Name: PRO LINE CABINETS, INC.

Current Principal Place of Business:

25401 SW 141 AVE
PRINCETON, FL 33032 US

New Principal Place of Business:

Current Mailing Address:

25401 SW 141 AVE
PRINCETON, FL 33032 US

New Mailing Address:

FEI Number: 65-0486817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, ROBERT
27950 SW 168 COURT
HOMESTEAD, FL 33031 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOPEZ, ROBERT
Address: 27950 SW 168 COURT
City-St-Zip: HOMESTEAD, FL 33031

Title: VP ( ) Delete
Name: LOPEZ, KATHERINE
Address: 27950 SW 168 COURT
City-St-Zip: HOMESTEAD, FL 33031

Title: C ( ) Delete
Name: LOPEZ, RONALD D
Address: 18320 SW 295 STREET
City-St-Zip: HOMESTEAD, FL 33030

Title: C ( ) Delete
Name: DOLFI, ROBERT
Address: 20005 SW 286 STREET
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT LOPEZ P 04/09/2009

Electronic Signature of Signing Officer or Director Date