2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 16, 2008 08:00 All Secretary of State DOCUMENT # P94000092525 1. Entity Name A & A KITCHEN CABINETS, INC. Principal Place of Business Mailing Address 14623 NW 27TH AVE 14623 NW 27TH AVE MIAMI FL 33054 **MIAMI FL 33054** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0548469 Not Applicable Ζıp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EL HASSAN, AMADO 0 Street Address (P.O. Box Number is Not Acceptable) 14623 NW 27TH AVE MIAM! FL 33054 City Zip Code 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 Signature, typed or prened name of registered agent and tile 1 implicable (NOTE: Registered Agent appropria required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE Delete πηε Addition ☐ Change NAME EL HASSAN, AMADO NAME 14623 NW 27TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33054** CHY-ST-ZIE VΡ TITLE ☐ Defete TITLE 04/28/08-80049-02P 955 nD Addition EL HASSAN, ANA NAME NAME STREET ADDRESS 146230 NW 27TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33054 CITY-ST-ZIP TITLE Derete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deiete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 of 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.