2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2007 08:00 AM **Secretary of State** DOCUMENT # P95000074986 1. Entity Name MASTER KITCHEN CABINETS, INC. Principal Place of Business Mailing Address 10012 NE 80 AVE. 10012 NE 80 AVE. HIALEAH GARDENS, FL 33016 HIALEAH GARDENS, FL 33016 Carlo de la companya di manana CR2E034 (11/05) 02172007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0612003 Not Applicable g sing ang ang ang ang at ang ban ang antarata sing ang 18 ang ang 18 ang ang 18 ang ang ang ang ang ang ang a \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SOSA, OSCAR M DO NOT WRITE 7211 WEST 24 AVE. #2282 HIALEAH, FL 33016 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) U00000642090 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 03/01/07-80827-023 150.00 Trust Fund Contribution Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS Cartain dinament al proprieta de la companya de la TITLE derakan di kalendir seperingan di kalendir di kalendir di Kalendir di Kalendir (1908) di Kalendir (1908) di Ka NAME SOSA, OSCAR M and the state of t 7211 W. 24 AVE., #2282 STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 and the second of the second second second STD NAME OSORIO, ANGELA V STREET ADDRESS 7211 W. 24 AVE., #2282 CITY-ST-ZIP HIALEAH, FL 33016 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME aga ay san dan da san san kan kan da kan STREET ADDRESS Single programme and the State of State CITY-ST-ZIP TITLE NAME

12. Thereby 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 tam 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 appearance with all other like empowered.

SIGNATURE: 🔀

STREET ADDRESS

STREET ADDRESS City-St-7iP

COY-ST-7P TITLE

NAME

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

aliga palika adalah sa segeri kadalah daripi sebigi Perdi adalah Melaluk dari

FILED