

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

0152989 AV

05-02-2003 90081 013 \*\*\*158.75

**DOCUMENT # P95000077859**

1. Entity Name  
**CHAMPION CABINET DESIGNS, CORP.**



Principal Place of Business  
**7880 W 20TH AVE  
SUITE 33  
HIALEAH FL 33016  
US**

Mailing Address  
**7880 W 20TH AVE  
33  
HIALEAH FL 33016  
US**



2. Principal Place of Business  
**2344 W 77 STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**2344 W 77 STREET**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**HIALEAH FL**

City & State  
**HIALEAH FL**

4. FEI Number  
**65-0614129**

Applied For  
 Not Applicable

Zip  
**33016**

Country  
**USA**

Zip  
**33016**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, CARLOS  
7880 W 20TH AVE  
33  
HIALEAH FL 33016**

Name  
**DIAZ, CARLOS**

Street Address (P.O. Box Number is Not Acceptable)

**2344 W 77 STREET**

City **HIALEAH FL** Zip Code **33016**

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 **CARLOS F DIAZ**

*Handwritten Signature*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **FPT DIAZ, CARLOS**  
STREET ADDRESS **7880 W 20TH AVE #33**  
CITY-ST-ZIP **HIALEAH FL**

TITLE  Change  Addition  
NAME **FPT DIAZ, CARLOS**  
STREET ADDRESS **2344 W 77 STREET**  
CITY-ST-ZIP **HIALEAH, FL 33016**

TITLE  Delete  
NAME **DS NESTOR, VARELO**  
STREET ADDRESS **7880 W 20TH AVE #33**  
CITY-ST-ZIP **HIALEAH FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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. 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 OF CARLOS F DIAZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-01-03 305-828-5080**  
Date Daytime Phone #

CR2E034 (10/02)