
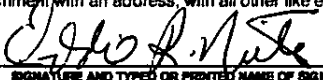


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000065024		
1. Entity Name E.N. CABINETS, INC.		
Principal Place of Business 1225 BENNETT DR. LONGWOOD, FL 32750		Mailing Address 1225 BENNETT DR. LONGWOOD, FL 32750
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NIETO, EDDIE R 1225 BENNETT DR. LONGWOOD, FL 32750		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000722431 05/02/07-80029-025 150.00
TITLE	D	
NAME	NIETO, EDDIE R	
STREET ADDRESS	2302 DRIFTWOOD DR.	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE	D	
NAME	NIETO, NILMA	
STREET ADDRESS	2302 DRIFTWOOD DR.	
CITY-ST-ZIP	FERN PARK, FL 32730	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		4/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #