

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90026 045 ***150.00

DOCUMENT # P96000096389 1. Entity Name H.T. CUSTOM CABINETS INC.					
Principal Place of Business 4042 NE 6TH AVE OAKLAND PARK, FL 33334			Mailing Address 1350 SW 75TH AVE PLANTATION, FL 33317-4937		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;"> </div> <div style="text-align: center; margin-top: 10px;"> 02132007 Chg-P CR2E034 (12/06) </div>	
4. FEI Number 65-0713383				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent THOMAS, HILARY 4360 NE 5TH TERRACE OAKLAND PARK, FL 33334			7. Name and Address of New Registered Agent Name HILARY THOMAS Street Address (P.O. Box Number is Not Acceptable) 4042 N.E 6TH AVENUE City OAKLAND PARK FL Zip Code 33334		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete THOMAS, HILARY 4042 NE 6TH AVE. OAKLAND PARK, FL 33334		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete THOMAS, GLENDA 4042 NE 6TH AVE. OAKLAND PARK, FL 33334		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			03/05/07 <small>Date Daytime Phone #</small>		