2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

JOSEPH CHIRINO

DOCUMENT # P96000099631

Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90177 016 ***150.00 CHIRINO CUSTOM CABINETRY, INC. Principal Place of Business Mailing Address 3143 SW 176TH TERR 3143-SW-176TH TEI MIDAMAR FL 33029 MIRAMAR FL 33020 11279 150TH COURT, N 11279 150TH COURT, N JUPITER, FLORIDA 33478 2. Principal Place of Business JUPITER, FLORIDA 33478 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0713652 Not Applicable 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 Name CHRINO, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3143 SW 176TH TERR MIFIAMAR FL 33029 11279 150TH COURT, N Zip Code JUPITER, FLORIDA 33478 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** Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE D ☐ Delete TITLE Addition CHIRINO, JOSEPH NAME MAME STREET ADDRESS 3743 SW 1767H TERR STREET ADDRESS CITY-ST-7IP W. A. W. A. W. C. 22020 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ JEIGIE ut: f ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delete TIFLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this liling 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 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.

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