

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90237 044 ***158.75

DOCUMENT # P98000021009

1. Entity Name
CUSTOM MICA AND CABINETRY, INC.



Principal Place of Business
1720 N.W. 22ND CT., BAY 4
POMPAÑO BEACH, FL 33069

Mailing Address
1720 N.W. 22ND CT., BAY 4
POMPAÑO BEACH, FL 33069

900000



2. Principal Place of Business
1700 NW 22 Ct., Bay#1

3. Mailing Address
1700 N.W. 22 Ct.

Suite, Apt. #, etc.
BAY#1

Suite, Apt. #, etc.
BAY#1

02052006 Chg-P CR2E034 (11/05)

City & State
Pompano Beach, Fl. 33069

City & State
Pompano Beach, Fl.

4. FEI Number
65-0826231

Applied For
Not Applicable

Zip
33069

Country
USA

Zip
33069

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BASTOURI, HENRY
1720 N.W. 22ND CT., BAY 4
POMPAÑO BEACH, FL 33069

Name
HENRI BASTOURI

Street Address (P.O. Box Number is Not Acceptable)
1700 N.W. 22 Ct., Bay #1

City POMPAÑO BEACH, FL Zip Code 33069

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]

HENRI BASTOURI

3/10/06

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, 2006 Fee will be \$550.00

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 10

TITLE D
NAME BASTOURI, HENRI
STREET ADDRESS 1720 N.W. 22ND CT. BAY 4
CITY - ST - ZIP POMPAÑO BEACH, FL 33069 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1700 NW 22 Ct., Bay#1
CITY - ST - ZIP Pompano Beach, Fl. 33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Signature]

HENRI BASTOURI, PRES.

3/10/2006 (954) 977-0615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone