

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027713

FILED
Jan 08, 2007
Secretary of State

Entity Name: SIGNATURE CUSTOM CABINETS, INC.

Current Principal Place of Business:

23001 S.W. 182ND AVENUE
GOULDS, FL 33170

New Principal Place of Business:

Current Mailing Address:

23001 S.W. 182ND AVENUE
GOULDS, FL 33170

New Mailing Address:

FEI Number: 65-0831105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOSNER, STEVEN D
65 N.W. 16TH STREET
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAFIN, DEAN
Address: 23001 S.W. 182ND AVENUE
City-St-Zip: GOULDS, FL 33170

Title: D () Delete
Name: STONE, DEVIN
Address: 15870 SW 216 ST
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHAFIN, DEAN
Address: 23001 S.W. 182ND AVENUE
City-St-Zip: GOULDS, FL 33170

Title: V.P. (X) Change () Addition
Name: STONE, DEVIN
Address: 15870 SW 216 ST
City-St-Zip: MIAMI, FL 33170

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEVIN STONE

V.P.

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date