2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 07, 2005 8:00 am Secretary of State DOCUMENT # P98000031973 1. Entity Name 04-07-2005 90026 015 ***150.00 EXTRA CABINETS CORPORATION Principal Place of Business Mailing Address 156 NEBRO ST. OAKLAND FL 33307 P.O. BOX 23806 FT. LAUDERDALE FL 33307 2. Principal Place of Business 3. Mailing Address P. 0 BOX 136 NE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 65-0826624 Ft Lauderdale Oakland Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBLES, LUZ STELLA Street Address (P.O. Box Number is Not Acceptable) 5270 NE 18 AV FORT LAUDERDALE FL 33334 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ROBLES, LUZ STELLA NAME NAME STREET ADORESS 156 NE 33 ST STREET ADDRESS OAKLAND PARK FL 33334 * CHTY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ROBLES, LUZ STELLA NAME NAME Robles, Luz Stalls STREET ADDRESS STREET ADDRESS 5270 NE 18 AV 2145 NE 63 court F+Lauderdale FC CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33334 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City - SI - 7IP Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

FILED