

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000067821

1. Entity Name

WESTLAND WOOD CABINETS CORP.



Principal Place of Business

8021 NORTHWEST 66TH STREET
MIAMI, FL 33166

Mailing Address

8021 NORTHWEST 66TH STREET
MIAMI, FL 33166



02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

LOZANO, DANIEL
8021 NORTHWEST 66TH STREET
MIAMI, FL 33166

**DO NOT WRITE
IN THIS SPACE**

6. 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 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

TITLE	P
NAME	LOZANO, WILLIAM
STREET ADDRESS	8021 NORTHWEST 66TH STREET
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	VPT
NAME	ESCUDEIRO, FLOR ALBA
STREET ADDRESS	8021 NORTHWEST 66TH STREET
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	S
NAME	LOZANO, DANIEL
STREET ADDRESS	8021 NORTHWEST 66TH STREET
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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19/16/06-80035-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/06 (305) 477 1623
Date Daytime Phone #

William Lozano