2008 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
01-23-2008 90006 028 ***150.00

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1. Entity Name
WESTLAND WOOD CABINETS CORP.

40008547

01092008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
8021 NORTHWEST 66TH STREET MIAMI, FL 33166	8021 NORTHWEST 66TH STREET MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0856325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOZANO, DANIEL 8021 NORTHWEST 66TH STREET MIAMI, FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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
After May 1, 2008 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 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LOZANO, WILLIAM 8021 NORTHWEST 66TH STREET MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT DUITAMA, FLOR ALBA 8021 NORTHWEST 66TH STREET MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOZANO, DANIEL 8021 NORTHWEST 66TH STREET MIAMI, FL 33166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deceased	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Floralba Duitama 1/18/08 (305) 477-7626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OFFICE of VITAL STATISTICS ATTACHMENT

CERTIFIED COPY

400085497

FLORIDA CERTIFICATE OF DEATH

#P9800006782

LOCAL FILE NO.

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY: FUNERAL DIRECTOR

Field	Entry
1. DECEDENT'S NAME (First, Middle, Last, Suffix)	Daniel Lozano
2. SEX	Male
3. DATE OF BIRTH (Month, Day, Year)	October 24, 1925
4a. AGE-Last Birthday (Years)	82
4b. UNDER 1 YEAR (Months / Days)	
4c. UNDER 1 DAY (Hours / Minutes)	
5. DATE OF DEATH (Month, Day, Year)	November 08, 2007
6. SOCIAL SECURITY NUMBER	124-48-2572
7. BIRTHPLACE (City and State or Foreign Country)	Colombia
8. COUNTY OF DEATH	Miami-Dade
9. PLACE OF DEATH (Check only one)	HOSPITAL: X Emergency Room/Outpatient
10. FACILITY NAME (If not institution, give street address)	Jackson South Community Hospital
11a. CITY, TOWN, OR LOCATION OF DEATH	Miami
11b. INSIDE CITY LIMITS?	X No
12. MARITAL STATUS (Specify)	X Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	Zoila Haydee Leon
14a. RESIDENCE - STATE	Florida
14b. COUNTY	Miami-Dade
14c. CITY, TOWN, OR LOCATION	Miami
14d. STREET ADDRESS	12481 S.W. 194 Street
14e. APT. NO.	
14f. ZIP CODE	33177
14g. INSIDE CITY LIMITS?	X No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use Retired)	Carpenter
15b. KIND OF BUSINESS/INDUSTRY	Carpentry
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)	X White
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.)	X Yes (If Yes, specify) — X Other Hispanic (Specify) Colombian
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)	X High school diploma or GED
19. WAS DECEDENT EVER IN U.S. ARMED FORCES?	X No
20. FATHER'S NAME (First, Middle, Last, Suffix)	Tadeo Lozano
21. MOTHER'S NAME (First, Middle, Maiden Surname)	Chiquinquira Orjuela
22a. INFORMANT'S NAME	Jairo Lozano
22b. RELATIONSHIP TO DECEDENT	Son
23a. INFORMANT'S MAILING - STATE	Florida
23b. CITY OR TOWN	Miami
23c. STREET ADDRESS	15390 S.W. 20 Street
23d. ZIP CODE	33185
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Our Lady of Mercy
25a. LOCATION - STATE	Florida
25b. LOCATION - CITY OR TOWN	Miami
26a. METHOD OF DISPOSITION	X Entombment
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED?	
27a. LICENSE NUMBER (of Licensee)	
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	[signature]
28. NAME OF FUNERAL FACILITY	Caballero Rivero Woodlawn FH Westchester Chapel
29a. FACILITY'S MAILING - STATE	Florida
29b. CITY OR TOWN	Miami
29c. STREET ADDRESS	8200 Bird Road
29d. ZIP CODE	33155

MEDICAL CERTIFIER

Field	Entry
30. CERTIFIER (Check one)	X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. / Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier)	[signature]
31b. DATE SIGNED (mm/dd/yyyy)	11-15-07
32. TIME OF DEATH (24 hr.)	0930
33. MEDICAL EXAMINER'S CASE NUMBER	
34a. LICENSE NUMBER (of Certifier)	No. 95215
34b. CERTIFIER'S NAME	Sid Venkatappa, MD
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S - STATE	Florida
36b. CITY OR TOWN	Miami
36c. STREET ADDRESS	8940 N. Kendall Dr. Suite 905
36d. ZIP CODE	33176
37. SUBREGISTRAR - Signature and Date	[signature] 11-15-07
38a. LOCAL REGISTRAR - Signature	[signature]
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)	NOV 19 2007

CAUSE OF DEATH TO BE COMPLETED BY: MEDICAL CERTIFIER

Field	Entry
39. PROBABLE MANNER OF DEATH	X Natural
40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH?	X No
41. CAUSE OF DEATH - PART I. (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	GASTROINTESTINAL BLEED — Approximate Interval: Onset to Death: 1 day
b. Due to (or as a consequence of):	
c. Due to (or as a consequence of):	
d. Due to (or as a consequence of):	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	MULTIPLE MYELOMA
42a. WAS AN AUTOPSY PERFORMED?	X No
42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY	
43b. DATE OF SURGERY (Mo., Day, Yr.)	
44. DID TOBACCO USE CONTRIBUTE TO DEATH?	
45. IF FEMALE: WAS SHE PREGNANT WITHIN THE PAST YEAR	
46. DATE OF INJURY (Month, Day, Year)	
47. TIME OF INJURY (24 hr.)	
48. INJURY AT WORK?	
49a. LOCATION OF INJURY - STATE	
49b. CITY OR TOWN	
49c. STREET ADDRESS	
49d. APT. NO.	
49e. ZIP CODE	
50. DESCRIBE HOW INJURY OCCURRED	
51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
52. IF TRANSPORTATION INJURY: 52a. Status of Decedent / 52b. Type of Vehicle	

VOID IF ALTERED OR ERASED

NOV 20 2007

[signature]

FLORIDA DEPARTMENT OF HEALTH

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

CERTIFICATION OF VITAL RECORD