2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000107729

1. Entity Name

SIGNATURE:

WOODCRAFT CABINETS INC. OF SOUTHWEST FLORIDA



FILED Feb 18, 2008 08:00 AN Secretary of State

Day: no Phone #

Principal Place	e of Business	Mailin	Mailing Address								
10481 PACKING HOUSE LANE BONITA SPRINGS FL 33912			11516 AUSTINB KEAVE CT ESTERO FL 33928			·					
2. Principal Place of Business - No P.O. Box #		Box # 3. Mai	3. Mailing Address			_	NIIDUS IID (BIDI 10111 MUIS ANIII KA	##	ST IT STATEMENT	C41 123	
Suite, Apt. #, etc.		Soil	Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)					
City & State		City	City & State			4. FEI Numb	4. FEI Number 65-0885119 Applied For Not Applicable				
Zıp	Country	Zρ	Z-p Count		try	5. Certificate				8.75 Additional	
	6. Name and Address	of Current Registers	legistered Agent			7. Name and Address of New Registered Agent					
					Name						
ROJAS, RAUL 11516 AUSTIN KEANE CT					Street Address (P.O. Box Number is Not Acceptable)						
EST	ERO FL 33928					· · · · · · · · · · · · · · · · · · ·	,				
					City			FL	Zip Cod		
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, typed or crimed harns of re	rgislerød aqent and til ølif ang	olicacio. (NOTE	E Pagistole	o Agerd a grottere requ	inso wuerr veinststir Ör		DATE			
F After	ILE NOW!!! FEE IS \$1 May 1, 2008 Fee Will B Payable to Florida Dep	50.00 e \$550.00					9. Election Campaig Trust Fund Centri			00 May Be ed to Fees	
10.	OFFI	CERS AND DIRECTO	PRS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND	DIRECTOR:	S IN 11	
TITLE	PST.		☐ Derete	1181					Change	☐ Addition	
NAME	ROJAS, RAUL			MAM							
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Name				MAM	E					_	
STREET ADDRESS				STRE	ET ADDRESS						
CITY ST-ZIP				CITY	-ST-ZIP						
12. I hereby of indicated of the confit change	certify that the information s on this report or supplement operation or the receiver or ed, or on an attachment will	supplied with this filin tay report is true and trustee empowered an address, with all	g obes not qualify f accurate and that r o execute this repor other like empower	for the ex my signa rt as requ red.	kemptions conta ture shall have the uired by Chapter	ined in Section 1° ne same legal effe 1607, Florida Stati	 Florida Statutes I for ect as if made under oa utes; and that my name 	urther certi th; that I a e appears i	fy that the i m an officer n Block 10 i	nformation or director or Block 11	

TED NAME OF SIGNING OFFICER OR DIRECTOR