

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053454

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: TOP SHELF CABINETRY, INC.

## Current Principal Place of Business:

10735 SW 216 ST  
416  
MIAMI, FL 33170

## New Principal Place of Business:

8557 SW 211 TERRACE  
MIAMI, FL 33189

## Current Mailing Address:

10735 SW 216 ST  
416  
MIAMI, FL 33170

## New Mailing Address:

8557 SW 211 TERRACE  
MIAMI, FL 33189

FEI Number: 65-0925994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, SHELBY  
10735 SW 216 ST  
416  
MIAMI, FL 33170 US

## Name and Address of New Registered Agent:

SMITH, SHELBY  
8557 SW 211 TERRACE  
MIAMI, FL 33189 US

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: \_\_\_\_\_

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SMITH, SHELBY  
Address: 10735 SW 216 ST #416  
City-St-Zip: MIAMI, FL 33170

Title: VP (X) Delete  
Name: SMITH, CASEY N  
Address: 10735 SW 216 ST #416  
City-St-Zip: MIAMI, FL 33170

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SMITH, SHELBY  
Address: 8557 SW 211 TERRACE  
City-St-Zip: MIAMI, FL 33189

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHELBY W. SMITH

DP

04/21/2009

Electronic Signature of Signing Officer or Director

Date