

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000029065

**Entity Name:** ALIONNY CUSTOM CABINETS INC

**Current Principal Place of Business:**

5900 SHIRLEY ST  
3  
NAPLES, FL 34109

**Current Mailing Address:**

5900 SHIRLEY ST  
3  
NAPLES, FL 34109 US

**FEI Number:** 86-3072593

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MARTINEZ CRESPO, ALIONNY  
STE 3  
NAPLES, FL 34109 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:** ALIONNY MARTINEZ CRESPO

02/12/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MARTINEZ CRESPO, ALIONNY  
Address 1431 13 ST  
City-State-Zip: NAPLES FL 34117

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALIONNY MARTINEZ CRESPO

02/12/2025

Electronic Signature of Signing Officer/Director Detail

Date