

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 574991

FILED
Apr 28, 2009
Secretary of State

Entity Name: FLORIDA CABINET & MILLWORK, INC.

Current Principal Place of Business:

3575-3585 NW NINTH TERRACE
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

3575 NW NINTH TERRACE
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 59-1828230 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FISCH, MAX
1130 NE 18TH AVE
#3
FT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FISCH, MAX
Address: 1130 NE 18TH AVENUE, #3
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: S () Delete
Name: RYAN, MARTHA K
Address: 351 N W 42ND AVENUE
City-St-Zip: COCONUT CREEK, FL 33066 US

Title: VD () Delete
Name: POSCH, REINHARD
Address: 1130 NE 18 AVE. #1
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: T () Delete
Name: RYAN, MARTHA K
Address: 351 NW 42 AVENUE
City-St-Zip: COCONUT CREEK, FL 33066 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARTHA K. RYAN

ST

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date