

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90034 044 ***150.00

DOCUMENT # P03000158378
 1. Entity Name
CABINETS, COUNTER TOPS SERVICE CORP.



Principal Place of Business: **423 GRIFFIN RD LAKELAND FL 33805**
 Mailing Address: **423 GRIFFIN RD LAKELAND FL 33805**

JU0J48U7



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **71-0958920**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
VALLEJO, CAYETANO
423 GRIFFIN RD
LAKELAND FL 33805

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May B Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALLEJO, CAYETANO 423 GRIFFIN RD LAKELAND FL 33805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALLEJO, EDWARD 2990 GRANDEVILLE CR APT 214 OVIDO FL 32765 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VALLEJO, JAMES 431 GRIFFIN RD LAKELAND FL 33805 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER/SECRETARY ESPERANZA VALLEJO 423 GRIFFIN RD LAKELAND, FL 33805 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additio

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAYETANO VALLEJO *Cayetano Vallejo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05 (863) 68
 Date Daytime