


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000125751**  
 1. Entity Name  
 IAN CUSTOM CABINET INSTALLER, INC



Principal Place of Business      Mailing Address  
 741 NW 207 STREET      741 NW 207 STREET  
 MIAMI, FL 33169      MIAMI, FL 33169

**DO NOT WRITE IN THIS SPACE**



01312008      No Chg-P      CR2E034 (11/05)


4. FEI Number      Applied For  
 20-5636468      Not Applicable

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

6. Name and Address of Current Registered Agent  
 HARRISON, DON  
 1100 SW 128TH TERRACE  
 U-306  
 PEMBROKE PINES, FL 33027

**DO NOT WRITE IN THIS SPACE**

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:       DATE: 2/4/08

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$650.00**

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

10. OFFICERS AND DIRECTORS

|                |                   |
|----------------|-------------------|
| TITLE          | P-                |
| NAME           | TAPPER, IAN K     |
| STREET ADDRESS | 741 NW 207 STREET |
| CITY-ST-ZIP    | MIAMI, FL 33169   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
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| CITY-ST-ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY-ST-ZIP    |                   |

**DO NOT WRITE IN THIS SPACE**

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 03/21/08-80005-016-150:00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:       Date: 2/29/08      Daytime Phone #: 3057330680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #