


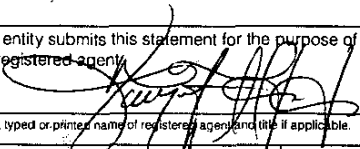
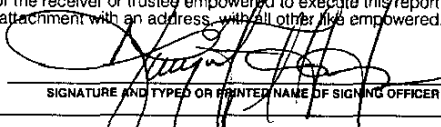
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90148 023 ***150.00

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DOCUMENT # P04000004749			
1. Entity Name ARCHITECTURAL CABINETRY, CORP.			
Principal Place of Business 2730 S.W. 74 WAY APTO. 2703 DAVIE, FL 33314		Mailing Address 2730 S.W. 74 WAY APTO. 2703 DAVIE, FL 33314	
2. Principal Place of Business 10242 NW 47 th STREET		3. Mailing Address 10242 NW 47 th STREET	
Suite, Apt. #, etc. 027		Suite, Apt. #, etc. 027	
City & State SUNRISE, FL		City & State SUNRISE, FL	
Zip 33351	Country	Zip 33351	Country
6. Name and Address of Current Registered Agent GONZALEZ, VIRGELIZ 2730 S.W. 74 WAY APTO. 2703 DAVIE, FL 33314		7. Name and Address of New Registered Agent Name: Gonzalez, Virgeliz Street Address (P.O. Box Number is Not Acceptable): 2730 S.W. 74 way APTO. 2703 City: DAVIE, FL 33314 FL Zip Code: 33314	
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: 04-25-2005	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, VIRGELIZ 2730 S.W. 74 WAY, APTO. 2703 DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NEIRA, LUZ M 9202 N.W. 44 COURT SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other files empowered.			
SIGNATURE: 		Date: 04-25-2005 (954) 741-1130	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	