


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90224 032 ***150.00

DOCUMENT # P04000135880	
1. Entity Name FINE CUSTOM CABINETRY BY JEFF GREEN INC.	

Principal Place of Business 3013 NE 6TH AVENUE WILTON MANORS, FL 33334	Mailing Address 3013 NE 6TH AVENUE WILTON MANORS, FL 33334
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50052273



2. Principal Place of Business 1170 NE 24th ST Suite, Apt. #, etc.	3. Mailing Address 249 NW 32ST Suite, Apt. #, etc.
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05062005 Chg-P CR2E034 (10/03)

City & State WILTON MANORS FL.	City & State OAKLAND PK FL	4. FEI Number 55-0883752	Applied For Not Applicable
Zip 33305	Country U.S.A.	Zip 33309	Country U.S.A.

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MODAS, DANIEL A 1215 S.E. 2ND AVENUE #202 FORT LAUDERDALE, FL 33335	
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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 \$550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, JEFF <input type="checkbox"/> Delete 249 NW 32ND STREET OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREEN, GLORIA <input type="checkbox"/> Delete 249 NW 32ND STREET OAKLAND PARK, FL 33309
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"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 like empowered.

SIGNATURE: Gloria Green **GLORIA GREEN** 5-9-05 954-630-0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #