

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90050 043 \*\*\*150.00

**DOCUMENT # P96000066231**



1. Entity Name  
**ARTCRAFT CABINET & DESIGN CORP.**

Principal Place of Business Mailing Address  
**951 NW 35TH COURT 951 NW 35TH CT.**  
**OAKLAND PARK, FL 33309 US OAKLAND PARK, FL 33309 US**

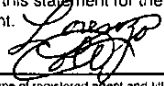
**50017208**



2. Principal Place of Business		3. Mailing Address		02012005	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		<b>65-0683454</b>	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>GOLD, TYLER</b> <b>6550 NORTH FEDERAL HWY., SUITE 330</b> <b>FT. LAUDERDALE, FL 33308</b>				Name			
				<b>COLL, LORENZO</b>			
				Street Address (P.O. Box Number is Not Acceptable)			
				<b>3496 COCO LAKE DRIVE</b>			
				City		Zip Code	
				<b>COCONUT CREEK</b>		<b>FL 33073</b>	

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  **LORENZO COLL** DATE **01/03/2005**

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

<b>- FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SANCHEZ, NELSON			NAME			
STREET ADDRESS	280 NW 47TH STREET			STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P/MG	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, CANDIDO			NAME			
STREET ADDRESS	4710 NW 113TH TERR			STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33323			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				NAME	PEREZ, NORMA		
STREET ADDRESS				STREET ADDRESS	4710 NW 113TH TERR		
CITY-ST-ZIP				CITY-ST-ZIP	SUNRISE, FL 33323	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **Norma Perez** **St 211115 954-565-9298**

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