


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # S29151 1. Entity Name LARS' STORAGE CABINETS & CLOSET DESIGNS BROWARD, INC.	
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Principal Place of Business 1753-B N POWERLINE RD POMPANO BEACH, FL 33069-1624	Mailing Address 1753-B N POWERLINE RD POMPANO BEACH, FL 33069-1624
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03142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0255422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SNYDER, ROBERTA J  
1733 N POWERLINE RD  
POMPANO BCH, FL 33069

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

04/14/04-80008-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLSEN, HANS G 2501 CALAMONDIN CIR COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSEN, KAREN M 2501 CALAMONDIN CIR COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRANDT, KENNETH R 4648 ADDISON STREET BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDT, ALLISON M 4648 ADDISON STREET BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 companies.

SIGNATURE:  DATE: 4-14-04 DAYTIME PHONE #: 954-960-1855

*Hans G. Olsen*