


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90099 049 ***150.00

DOCUMENT # L14433 1. Entity Name ARAUJO CABINETS, INC.	
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Principal Place of Business 6901 N.E. 3RD AVENUE MIAMI, FL 33138 US	Mailing Address 6901 N.E. 3RD AVENUE MIAMI, FL 33138 US
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50033859



03262005 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0140225	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 ARAUJO, RAFAEL R. 542 WEST 79 PLACE HIALEAH, FL 33014
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D ARAUJO, JOSUE 1400 NE 178 ST NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S ARAUJO, TERESA 542W 79 PL HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/D ARAUJO, JOSUE D. 542 W. 79 PLACE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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)(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: <u>Josue Arayo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>3-30-05</u>	Daytime Phone #: <u>(305) 751-4715</u>
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