

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90220 043 ***150.00

DOCUMENT # P00000053396 1. Entity Name CARDONA'S CUSTOM CABINETS, INC.	
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Principal Place of Business 40 NE 26TH ST MIAMI, FL 33127	Mailing Address 40 NE 26TH ST MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE

24069708



04182004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1022999	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CARDONA, JOSE N 40 NE 26TH ST MIAMI, FL 33127	DO NOT WRITE IN THIS SPACE
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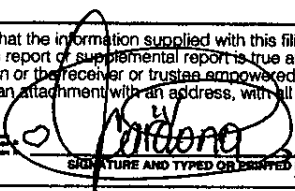
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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	
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10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVTS CARDONA, JOSE N 40 NE 26TH ST MIAMI, FL 33127	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARDONA, JOSE N 40 NE 26TH ST MIAMI, FL 33127	
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TITLE NAME STREET ADDRESS 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:  **4/27/04 305 571-3550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #