


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90982 033 ***150.00

DOCUMENT # P01000075103	
1. Entity Name TURTLE CABINETS CORP.	

Principal Place of Business 13960 SW 139 CT. MIAMI, FL 33186	Mailing Address 13960 SW 139 CT. MIAMI, FL 33186
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24000400



2. Principal Place of Business 8751 NW 102 ST.	3. Mailing Address 8751 NW 102 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04232004 Chg-P CR2E034 (10/03)

City & State Hedley, FL	City & State Hedley, FL
Zip 33178	Zip 33178
Country Florida	Country Florida

4. FEI Number 65-1135603	Applied For <input type="checkbox"/> Not Applicable
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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 PULLIS RAFAEL 1642 NE 110TH TERR. MIAMI, FL 33161	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 S	<input type="checkbox"/> Delete
NAME TROCONIS, GEORGINA	
STREET ADDRESS 13018 SW 143 TERR	
CITY-ST-ZIP MIAMI, FL 33177	
TITLE PD	<input type="checkbox"/> Delete
NAME GONZALEZ, EDUARDO	
STREET ADDRESS 13018 SW 143 TERR	
CITY-ST-ZIP MIAMI, FL 33186	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GONZALEZ, EDUARDO	
STREET ADDRESS 13018 SW 143 TERR	
CITY-ST-ZIP MIAMI, FL 33186	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Troconis, Federico	
STREET ADDRESS Urb. Cañalinda Jetapa	
CITY-ST-ZIP Valencia, Venezuela	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Georgina Troconis *gtrconis* **04/22/04** **(305) 888-9898**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #