


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90774 017 \*\*\*150.00

<b>DOCUMENT # P01000087843</b>	
1. Entity Name E.L. CABINET, INC.	

Principal Place of Business 1770 W 40 ST, UNIT 2 HIALEAH, FL 33012	Mailing Address 1770 W 40 ST, UNIT 2 HIALEAH, FL 33012
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**66429283**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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06222004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI-Number 65-1151356	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LOUZADO, ELIO 42 E 58 ST HIALEAH, FL 33013	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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	DATE
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<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LOUZADO, ELIO 42 E 58TH ST HIALEAH, FL 33013 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALDES, EMERENCIO 1770 W 40 ST, UNIT 2 HIALEAH, FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 06-29-04
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Hialeah FL 33012

Ein = 65-1151356

<b>CASH CONTROL CHECKING</b>		<b>E. L. CABINET INC.</b>	01-02	582
		1770 W. 40TH ST. STE 2 HIALEAH, FL 33012-7081		
PAY TO THE ORDER OF	Division of Corporations		DATE	04-29-04
\$	150.00	Santa S. Swenka	60/100	DOLLARS
Bank of America.		65-1151356		
ACH RT 080100277	FOR		PO10000687843	
#000582#		#0063100277#	#003675268481#	#0000015000#

