

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90088 037 \*\*\*150.00

**DOCUMENT # P01000087843**

1. Entity Name  
E.L. CABINET, INC.



Principal Place of Business

~~1770 W 40 ST, UNIT 2~~  
~~HIALEAH, FL 33012~~

1751 W. 38 Place #1001A  
Hialeah, FL 33012

Mailing Address

~~1770 W 40 ST, UNIT 2~~  
~~HIALEAH, FL 33012~~

1751 W. 38 Place, #1001A  
Hialeah, FL 33012



**DO NOT WRITE IN THIS SPACE**

05022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1151356

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LOUZADO, ELIO  
42 E 58 ST  
HIALEAH, FL 33013

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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

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**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
LOUZADO, ELIO  
42 E 58TH ST  
HIALEAH, FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
VALDES, EMERENCIO  
1770 W 40 ST, UNIT 2  
HIALEAH, FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #