





2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90033 012 ***150.00

DOCUMENT # P02000003988 1. Entity Name TEAM CARPENTRY & CABINETS, INC.					
Principal Place of Business 7880 W. 20 AVE. #27 HIALEAH FL 33016			Mailing Address 7880 W. 20 AVE. #27 HIALEAH FL 33016		
2. Principal Place of Business 1071 E 16th St Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Hialeah FL		City & State Hialeah FL		4. FEI Number 37-1416902 Applied For <input type="checkbox"/> Not Applicable	
Zip 33010 Country Dade		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BASS, MICHAEL R 600 S. ANDREWS AVENUE FT. LAUDERDALE FL 33301				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  Antonio Garlovo 2/25/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARLOVO, ANTONIO 5435 SW 129 AVE. PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Antonio Garlovo 2/25/05 305 863 0320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					