

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004237

FILED  
Feb 29, 2004  
Secretary of State

**Entity Name:** CABINET SAVERS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

14045 NW 19TH AVENUE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

19161 NW 78AVE  
HIALEAH, FL 33015

**New Mailing Address:**

**FEI Number:** 01-0570241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARRILLO, REINALDO  
14045 NW 19TH AVENUE  
OPA LOCKA, FL 33054

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARRILLO, REINALDO  
Address: 19161 NW 78TH AVENUE  
City-St-Zip: MIAMI OCKA, FL 33015

Title: D ( ) Delete  
Name: CARRILLO, MARIA  
Address: 19161 NW 78TH AVENUE  
City-St-Zip: MIAMI OCKA, FL 33015

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** REINALDO CARRILLO

PRES

02/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date