


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90524 006 \*\*\*150.00

<b>DOCUMENT # P02000019916</b> 1. Entity Name NEW VENTURES CABINETRY, INC.	
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Principal Place of Business 681 S INDUSTRY DR UNIT 3 COCOA, FL 32926	Mailing Address 681 S INDUSTRY DR UNIT 3 COCOA, FL 32926
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66421752



**DO NOT WRITE IN THIS SPACE**

04092004 No Chg-P CR2E034 (10/03)

4. FEI Number 37-1426276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPPELLO, LOUIS J  
681 S INDUSTRY DR UNIT 3  
COCOA, FL 32926

**DO NOT WRITE  
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 *Louis Cappello* Louis J. Cappello DATE *4/23/2004*

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAPPELLO, LOUIS J 681 S INDUSTRY DR UNIT 3 COCOA, FL 32926
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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: *Louis Cappello* Louis J. Cappello President DATE *5/7/2004* (321) 633-4924

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #