

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90024 023 ***150.00

DOCUMENT # P02000048286

1. Entity Name
MYSTIQUE CUSTOM CABINETS INC



Principal Place of Business
**1866 NW 38TH AVE., #B-2
FORT LAUDERDALE, FL 33311**

Mailing Address
**1866 NW 38TH AVE., #B-2
FORT LAUDERDALE, FL 33311**

44050328



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06242004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
03-0443030

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMILTON, MICHAEL
1866 NW 38TH AVE., #B-2
FORT LAUDERDALE, FL 33311**

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

Michael Hamilton
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5.1.04

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
HAMILTON, MICHAEL G
1866 NW 38TH AVE., #B-2
FORT LAUDERDALE, FL 33311** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Michael Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5.1.04

954.682.2345

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

Attachment

44050328

07232004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0443030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMILTON, MICHAEL
1866 NW 38TH AVE., #B-2
FORT LAUDERDALE, FL 33311

**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: Michael Hamilton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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	D
NAME	HAMILTON, MICHAEL G
STREET ADDRESS	1866 NW 38TH AVE., #B-2
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
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: Michael Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-04

Date

954-682-2345

Daytime Phone #

Attachment
44050328

June 26, 2004
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee FL 32314
Reference: P02000048286

Dear Sirs,

Thank you for returning the original documents filed for an incomplete annual report. We have completed and signed the report and it is now being returned for your review. The original check for the annual fee is attached.

The original report was not received on time due to a change of business address. We appreciate your patience on this matter.

If you have any questions concerning this matter, please call (954) 682-2345

Sincerely,



Michael Hamilton
Mystique Custom Cabinets Inc

Attachment
44050328
Division of Corporations

Annual Report

Page 1

Document Number

P02000048286

Business Entity Name

MYSTIQUE CUSTOM CABINETS INC

☒ After May 1st of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

FEI Number

030443030

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

Principal Place of Business

Address

1866 NW 38TH AVE., #B-2

Suite, Apt. #, etc.

City, State

FORT LAUDERDALE

FL

Zip Code & Country

33311

Mailing Address

Address

1866 NW 38TH AVE., #B-2

Suite, Apt. #, etc.

City, State

FORT LAUDERDALE

FL

Zip Code & Country

33311

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

HAMILTON

MICHAEL

-or- RA Business Name

Address

1866 NW 38TH AVE., #B-2

Suite, Apt. #, etc.

City, State

FORT LAUDERDALE

FL

Zip Code & Country

33311

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Attachment

44050328



Division of Corporations

Annual Report

Page 2

Document Number

P02000048286

Business Entity Name

MYSTIQUE CUSTOM CABINETS INC

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title	D		
Name (Last, First, Middle, Title)	HAMILTON	MICHAEL	G
-or- Entity Name			
Street Address	1866 NW 38TH AVE., #B-2		
City, State	FORT LAUDERDALE	FL	
Zip Code & Country	33311		
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			

*Attachment**44050328**#P02000048286*

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the
'Officer/Director Signature' block below. A corporate name is
not allowed in this block.

Title

P

Officer/Director Signature Michael Hamilton

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