
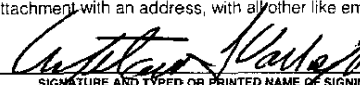


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90452 014 ***150.00

DOCUMENT # P02000064012							
1. Entity Name A&M CABINETRY INC							
Principal Place of Business 2360 TOPAZ TRAIL KISSIMMEE, FL 34743			Mailing Address 2360 TOPAZ TRAIL KISSIMMEE, FL 34743				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 45-0479790			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BAJOON, CHANDRABAN R MR. 488 AMERICAN HERITAGE PKWY ORLANDO, FL 32809			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VALLEJO, MITCHELL J MR.		NAME				
STREET ADDRESS	2360 TOPAZ TRAIL		STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP				
TITLE	SEC	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ALICEA, ANNETTE MS		NAME				
STREET ADDRESS	2360 TOPAZ TRAIL		STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP				
TITLE	OFF	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SANCHEZ, EDWIN-MR.		NAME				
STREET ADDRESS	280 LA PAZ		STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP				
TITLE	N/A	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	N/A, N/A		NAME				
STREET ADDRESS	N/A		STREET ADDRESS				
CITY-ST-ZIP	N/A, N/ N/A		CITY-ST-ZIP				
TITLE	N/A	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	N/A, N/A		NAME				
STREET ADDRESS	N/A		STREET ADDRESS				
CITY-ST-ZIP	N/A, N/ N/A		CITY-ST-ZIP				
TITLE	OFF	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RAMOS, GERARDO MR.		NAME				
STREET ADDRESS	1389 IVY MEADOW DR.		STREET ADDRESS				
CITY-ST-ZIP	ORLANDO, FL 32824		CITY-ST-ZIP				
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: 			Date: 4/10/04		Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		