


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000091492**  
 1. Entity Name  
**PADRINO KITCHEN CABINETS AND FURNITURE CORP.**



Principal Place of Business      Mailing Address  
 3712 NW 50 ST                      3712 NW 50 ST  
 HIALEAH, FL 33142                  HIALEAH, FL 33142

**DO NOT WRITE IN THIS SPACE**



04272004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 52-2373462      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ALVAREZ, SANTO J  
 35 NW 56 AVE  
 MIAMI, FL 33126

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALVAREZ, SANTO J 35 NW 56 AVE MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LORENTE, MARIO G 4290 SW 190 AVE. DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 04/29/04-80162-014 150.00

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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)(f), 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: Santo J. Alvarez      Date: 4/20/04      Daytime Phone #: 305 8874185  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR