2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000115031

1. Entity Name

COASTAL CABINETRY OF THE PALM BEACHES, INC.



Principal Place of Business

4100 N. POWERLINE ROAD

#D5

POMPANO BEACH, FL 33073

Mailing Address

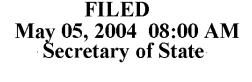
4100 N. POWERLINE ROAD

#D5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DO NOT WRITE IN THIS SPACE

POMPANO BEACH, FL 33073





05032004

No Chg-P

CR2E034 (10/03)

4. FEI Number 06-1654103 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

MILLER, JOHN P 2499 GLADES ROAD SUITE 305A BOCA RATON, FL 33431

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 Signature: typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		Election Campaign Finan Trust Fund Contribution.	cing	\$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 DIREC	CTORS	<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRUPP, MICHAEL 4100 N. POWERLINE ROAD #D5 POMPANO BEACH, FL 33073				U00000155887
TITLE NAME STREET ADDRESS CITY - ST-ZIP	VPD BORN, GREGORY 4100 N. POWERLINE ROAD #D5 POMPANO BEACH, FL 33073				05/05/04-80055-010 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP					
12. I hereby certify that the information supplied with this filling 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.					