

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000050774

FILED
Jun 28, 2005
Secretary of State

Entity Name: AMORE CUSTOM CABINETRY, INC.

Current Principal Place of Business:

5905 SW 21ST STREET
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

2240 SW 58 WAY
HOLLYWOOD, FL 33023 US

Current Mailing Address:

5905 SW 21ST STREET
HOLLYWOOD, FL 33023 US

New Mailing Address:

2240 SW 58 WAY
HOLLYWOOD, FL 33023 US

FEI Number: 01-0784434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULSE, J. BLYER
5905 SW 21ST STREET
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

HULSE, J. BLYER
2240 SW 58 WAY
HOLLYWOOD, FL 33023 US

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.

SIGNATURE: RALPH CASCONI

06/28/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVPT () Delete
Name: HULSE, J. BLYER
Address: 5905 SW 21ST STREET
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: DPS () Delete
Name: CASCONI, RALPH
Address: 5905 SW 21 STREET
City-St-Zip: HOLLYWOOD, FL 33023 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPT (X) Change () Addition
Name: HULSE, J. BLYER
Address: 2240 SW 58 WAY
City-St-Zip: HOLLYWOOD, FL 33023 US

Title: DPS (X) Change () Addition
Name: CASCONI, RALPH
Address: 2240 SW 58 WAY
City-St-Zip: HOLLYWOOD, FL 33023 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH CASCONI

PRES

06/28/2005

Electronic Signature of Signing Officer or Director

Date