


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90018 018 \*\*\*158.75

**DOCUMENT # P03000057864**

1. Entity Name  
**FLORIDA CABINET CONNECTION, INC.**



Principal Place of Business      Mailing Address

**9611 NW 49 CT**      **9611 NW 49 CT**  
**SUNRISE FL 33351**      **SUNRISE FL 33351**

2. Principal Place of Business      3. Mailing Address

**4324 NE 5TH AVE**      Suite, Apt. #, etc.

City & State      City & State

**OAKLAND PARK FL**

Zip      Country      Zip      Country

**33334**      **BROWARD**



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For

**65-1189163**      Not Applicable

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

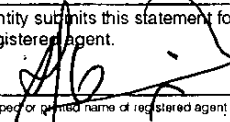
6. Name and Address of Current Registered Agent

**CASTILLO, SIXTO**  
**9611 NW 49 CT**  
**SUNRISE FL 33351**

7. Name and Address of New Registered Agent

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 **3/9/05**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> Delete
NAME	CASTILLO, SIXTO	
STREET ADDRESS	9611 NW 49 CT	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	T	<input type="checkbox"/> Delete
NAME	CASTILLO, SIXTO	
STREET ADDRESS	9611 NW 49 CT	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 **2/16/05**      Daytime Phone # **954-741-1530**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #