2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000075452

1. Entity Name
CUSTOM CABINET CONNECTION INC.

FILED
04 OCT 25 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5722 LINCOLN CIRCLE LAKE WORTH, FL 33463	5722 LINCOLN CIRCLE LAKE WORTH, FL 33463

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07142004 Chg-P CR2E034 (10/03)

4. FEI Number 42-159 6435 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIERRE-LOUIS, BERNARD C/O COMPLETE BUSINESS ADVISORS INC 1055 S CONGRESS AVE #110 DELRAY BEACH, FL 33445	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 Bernard Pierre-Louis [signature] 7-14-04
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACQUES, CLAUDE 5722 LINCOLN CIRCLE LAKE WORTH, FL 33463 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Claude [signature] 7-14-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10-19-04

To Division of corporation

I send you the 2004 report and the check of ~~$150.00~~

Theree is a copy of the annual report I send, and a copy of the check.

IF I have to do more, I dont Know Please tell me what I miss, I will be glad to correct it.

Please help me to correct this. I got to work to pay my bill.

God Bless.

Custom Cabinet Connection

Claude Jacques

Claude Jacques