

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154726

Entity Name: IDEAL CABINETS INC.

FILED  
Mar 04, 2005  
Secretary of State

## Current Principal Place of Business:

13960 SW 139 CT  
MIAMI, FL 33186

## New Principal Place of Business:

1189 N. US1  
UNIT # E  
ORMOND BEACH, FL 32174

## Current Mailing Address:

13960 SW 139 CT  
MIAMI, FL 33186

## New Mailing Address:

1189 N. US1  
UNIT # E  
ORMOND BEACH, FL 32174

FEI Number: 52-2421892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PEREZ, EDUARDO D  
13960 SW 139 CT  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

PEREZ, EDUARDO D  
1189 N US1  
UNIT # E  
ORMOND BEACH, FL 32174 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: EDUARDO D. PEREZ

03/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PEREZ, EDUARDO D  
Address: 13960 SW 139 CT  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: OROZCO, ILIANA  
Address: 1189 N. US1, UNIT E  
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: S ( ) Change (X) Addition  
Name: PEREZ, EDUARDO D  
Address: 1189 N. US 1 UNIT E  
City-St-Zip: ORMOND BEACH, FL 32174 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: ILIANA OROZCO

P

03/04/2005

Electronic Signature of Signing Officer or Director

Date