


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90116 001 ***150.00

DOCUMENT # P04000028520 1. Entity Name CORNELL MILLWORK, INC.	
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Principal Place of Business 9200 BAY HARBOR TERR #4C BAY HARBOR, FL 33154	Mailing Address 9200 BAY HARBOR TERR #4C BAY HARBOR, FL 33154
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50029300

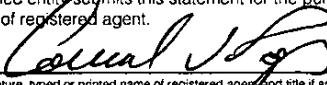
2. Principal Place of Business 470 ANSIN BLVD. Suite, Apt. #, etc. #J	3. Mailing Address 19901 E. COUNTRY CLUB DR Suite, Apt. #, etc. 507
City & State HALLANDALE, FL	City & State AVENTURA, FL
Zip 33009	Country U.S.A
Zip 33180	Country U.S.A



03172005 Chg-P CR2E034 (10/03)

4. FEI Number 42-1617912		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent POP, CORNELIU V. 9200 BAY HARBOR BAY HARBOR, FL		
7. Name and Address of New Registered Agent Name POP, CORNELIU V. Street Address (P.O. Box Number is Not Acceptable) 19901 E. COUNTRY CLUB DR. #507 City AVENTURA FL Zip Code 33180		

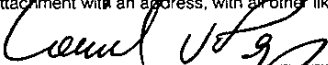
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  POP CORNELIU V. 03/17/05
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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS POP, CORNELIU V 9200 BAY HARBOR TERR #4C BAY HARBOR, FL 33154 19901 COUNTRY CLUB DR. #507 AVENTURA FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  POP CORNELIU V. 03/17/05 305-746-5941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #