

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000063092

1. Entity Name  
DENIS CABINETS CORP.



Principal Place of Business  
3140 SW 19 ST BAY #561  
HALLANDALE, FL 33009

Mailing Address  
3140 SW 19 ST BAY #561  
HALLANDALE, FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042005

Chg-P

CR2E034 (10/03)

4. FEI Number  
54-2148981

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

DIEUJUSTE, YVROSE  
3140 SW 19 ST BAY #561  
HALLANDALE, FL 33009

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

04-04-05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
DIEUJUSTE, YVROSE  
3140 SW 19 ST BAY #561  
HALLANDALE, FL 33009 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
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04/16/05--01001--015 \*\*150.00

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HALLANDALE, FL 33009 ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

786 344-8891