2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-06-2005 90103 041 ***150.00

DOCUMENT # P04000098194

1. Entity Name
CAPITAL CUSTOM CABINET, INC.

Principal Place of Business	Mailing Address
7930 W. 26TH AVE. ~~#8~~ HIALEAH FL 33016	7930 W. 26TH AVE. ~~#8~~ HIALEAH FL 33016

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
7930 W 26th Avenue	7930 W 26th Avenue
Suite, Apt. #, etc.: #1	Suite, Apt. #, etc.: #1
City & State: Hialeah Fl	City & State: Hialeah Fl
Zip: 33016 Country: Dade USA	Zip: 33016 Country: USA

4. FEI Number: 03-0545513 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLIVA, PEDRO
~~1820 W. 53RD STREET~~
~~APT. # 519~~
~~HIALEAH FL 33012~~

7. Name and Address of New Registered Agent

Name: Oliva Pedro A.
Street Address (P.O. Box Number is Not Acceptable): 62 West 44th Street
City: Hialeah FL Zip Code: 33012

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] Pedro A. Oliva 3/28/05
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
Make Check Payable to Florida Department of State

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	PD	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	OLIBA, PEDRO		NAME	Pedro A. Oliva	
STREET ADDRESS	~~1820 W. 53RD STREET, APT. # 519~~		STREET ADDRESS	62 West 44th Street	
CITY-ST-ZIP	~~HIALEAH FL 33012~~		CITY-ST-ZIP	Hialeah Fl 33012	
TITLE	VSD	☐ Delete	TITLE	VSD	☐ Change ☐ Addition
NAME	OLIBA, SARA		NAME	Sara Oliva	
STREET ADDRESS	~~1820 W. 53RD STREET, APT. # 519~~		STREET ADDRESS	62 West 44th Street	
CITY-ST-ZIP	~~HIALEAH FL 33012~~		CITY-ST-ZIP	Hialeah Fl 33012	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Pedro A. Oliva 3/28/05 305-231-7465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #