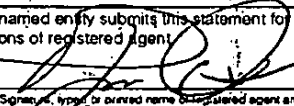
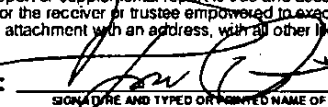


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 7930 W. 26TH AVE. #8- HIALEAH FL 33016			Mailing Address 7930 W. 26TH AVE. #8- HIALEAH FL 33016		
2. Principal Place of Business 7930 W 26TH AVENUE Suite, Apt. #, etc. # 1			3. Mailing Address 7930 W 26TH AVENUE Suite, Apt. #, etc. # 1		
City & State HIALEAH FL		City & State HIALEAH FL		4. FEI Number 03-0545513	
Zip 33016	Country DADE USA	Zip 33016	Country USA	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 		Pedro A. Oliva		DATE 3/28/05	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD OLIBA, PEDRO 1820 W. 53RD STREET, APT. # 519 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pedro A. Oliva 62 West 44th Street HIALEAH FL 33012	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD OLIBA, SARA 1820 W. 53RD STREET, APT. # 519 HIALEAH FL 33012	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SARA OLIVA 62 West 44th Street HIALEAH FL 33012	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(l), 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: 		Pedro A. Oliva		DATE 3/28/05 305-231-7465	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	