

FILED
May 31, 2005 8:00 am -
Secretary of State

05-02-2005 90449 049 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

66020216



03102005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000127014			
1. Entity Name NELLY'S CABINETS CORP.			
Principal Place of Business 13582 SW 48TH LN MIAMI, FL 33175-3865		Mailing Address 13582 SW 48TH LN MIAMI, FL 33175-3865	
2. Principal Place of Business 9921 NW 80th AVE		3. Mailing Address 9921 NW 80th AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hialeah FL		City & State Hialeah, Florida	
Zip 33016	Country USA	Zip 33016	Country USA
4. FEI Number 75-3170144		Applied For ☐ Not Apply	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARDERO, NELLY 13582 SW 48TH LN MIAMI, FL 33175-3865		7. Name and Address of New Registered Agent Name Cardero Nelly Street Address (P.O. Box Number is Not Acceptable) 9921 NW 80th AVE City Hialeah FL Zip Code 33016	

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDERO, NELLY 13582 SW 48TH LN MIAMI, FL 331753865	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDERO Nelly 9921 NW 80th AVE. Hialeah, FL 33016	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

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, 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

Nelly Cardero

Nelly Cardero

5-25-05