

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-07-2005 90087 048 ***150.00

DOCUMENT # P04000136222 1. Entity Name BUILT 2 FIT CABINETRY, INC.			
Principal Place of Business 5141 NW 2ND TERR 4846 S.W. 75 AVE MIAMI, FL 33126		Mailing Address 5141 NW 2ND TERR 4846 SW 75 AVE MIAMI, FL 33126	
2. Principal Place of Business 4846 S.W. 75 AVE.		3. Mailing Address 4846 S.W. 75 AVE.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33155		Zip 33155	
Country USA		Country USA	
4. FEI Number 33-0883971		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COUREAUX, MARISOL 5141 NW 2ND TERR MIAMI, FL 33126		7. Name and Address of New Registered Agent - 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 releasing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPV ZAYAS, DAVID 5141 NW 2ND TERR MIAMI, FL 33126	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST COUREAUX, MARISOL 5141 NW 2ND TERR MIAMI, FL 33126	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	☐ 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)(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:		HARISOL COUREAUX	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2/1/05 Phone: 305-267-7080	