


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000049032</b>					
<b>1. Entity Name</b> CANO'S CABINETS, INC.					
<b>Principal Place of Business</b> 2040 GRANT ST. HOLLYWOOD FL 33020			<b>Mailing Address</b> 2040 GRANT ST. HOLLYWOOD FL 33020		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 65-0420682	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CANO, MARCO 2040 GRANT STREET HOLLYWOOD FL 33020				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				<b>FL</b> Zip Code	
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
<b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
D CANO, MARCO 1057 N 21ST AVE HOLLYWOOD FL 33020	Change <input type="checkbox"/> Addition <input type="checkbox"/> 000000064040 02/23/04-80186-012 150.00				
P CANO, MARCO 2040 GRANT STREET HOLLYWOOD FL 33020	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>				
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					