


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000018680	
1. Entity Name EURO TREND CABINETS, INC.	

Principal Place of Business 10645 SW 185 TERRACE MIAMI, FL 33157 US	Mailing Address 10645 SW 185 TERRACE MIAMI, FL 33157 US
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04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0474576

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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6. Name and Address of Current Registered Agent CHOOS, S. SCOTT 15600 SW 288 ST. STE. 312 HOMESTEAD, FL 33033
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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, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CHAMBERS, SOLOMON
STREET ADDRESS	10367 S.W. 207TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	S
NAME	CHAMBERS, SHERYL
STREET ADDRESS	10367 SW 207 TERR
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Sheryl Chambers** **4/30/04 (305) 252-331**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #