

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2005 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

DO NOT WRITE IN THIS SPACE



05232005 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**

6. Name and Address of Current Registered Agent

CHOOS, S. SCOTT
15600 SW 288 ST.
STE. 312
HOMESTEAD, FL 33033

**DO NOT WRITE
IN THIS SPACE**

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 (file if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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
PD
CHAMBERS, SOLOMON
10367 S.W. 207TH TERRACE
MIAMI, FL 33189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CHAMBERS, SHERYL
10367 SW 207 TERR
MIAMI, FL 33189

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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03/08/05-80003-1007 550.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sheryl Chambers

5/23/05 (305)252-3317