


**FILED**  
**Jun 04, 2004 8:00 am**  
**Secretary of State**

06-04-2004 90002 008 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P95000009825</b> 1. Entity Name <b>CIARA CABINET DESIGNS, INC.</b>					
Principal Place of Business <b>914 CLINTMOORE RD          BOCA RATON, FL 33487</b>			Mailing Address <b>914 CLINTMOORE RD          BOCA RATON, FL 33487</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0548179</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MORAG, ISRAEL          7040 W PALMETTO PARK RD 981 HICKORY TERR.          #347          BOCA RATON, FL 33438 33486</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00          Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAG, ISRAEL 981 HICKORY TERR BOCA RATON, FL 33486	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <u>Israel Morag</u> <u>Israel Morag</u> <u>6/1/04</u> <u>561-997-1778</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

54056693



03262003 Chg-P CR2E034 (10/03)

Attachment

P95000009825

54056693



CIARA CABINET DESIGNS, INC.

*Enhancing Every Room.....Beautifully*

**Studio / Office**  
914 Clint Moore Rd.  
Boca Raton, FL 33487  
Tel: (561)997-1778  
Fax: (561)997-1780

June 1, 2004

Division of corporations  
P.O. Box 1500  
Tallahassee, FL 32302

Enclosed is an annual report for 2004, we did not receive any notice by mail about your new procedure. We did not know that we need to renew it on line. Since we have good history and the fact that we did not receive your postcard, please accept our check enclosed for \$150.00 and I hope that you can wave the late fee.

Sincerely,

Zahava Morag, Manager