

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P98000031973

1. Entity Name

EXTRA CABINETS CORPORATION



**FILED  
Feb 10, 2004 8:00 am  
Secretary of State**

02-10-2004 90025 009 \*\*\*158.75

440003146



MOORE CR2E034 (11/03)

Principal Place of Business 156 NE 33RD ST. OAKLAND FL 33307 US	Mailing Address P.O. BOX 23806 FT. LAUDERDALE FL 33307
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2. Principal Place of Business 156 NE 33 Rd st	3. Mailing Address P.O BOX 23806
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Oakland Park	City & State FT Lauderdale FL
Zip 33334	Country Broward
Zip 33307	Country Broward

6. Name and Address of Current Registered Agent  ROBLES, LUZ STELLA 5270 NE 18 AV FORT LAUDERDALE FL 33334	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City
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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  
Make Check Payable to Florida Department of State

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	ROBLES, LUZ STELLA 711 S. DIXIE E. BAY 6 POMPANO BEACH FL 33060
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

Robles, Luz Stella  
156 NE 33 st  
Oakland Park FL 33334

Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ROBLES, LUZ STELLA 5270 NE 18 AV FORT LAUDERDALE FL 33334
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

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<input type="checkbox"/> Delete	<input type="checkbox"/> Delete

Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> 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: Luz Stella Robles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-04 (954) 561-8780

Date

Daytime Phone #