


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90019 029 \*\*\*150.00

<b>DOCUMENT # P98000067821</b>					
<b>1. Entity Name</b> WESTLAND WOOD CABINETS CORP.					
<b>Principal Place of Business</b> 8021 NORTHWEST 66TH STREET MIAMI, FL 33166			<b>Mailing Address</b> 8021 NORTHWEST 66TH STREET MIAMI, FL 33166		
<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	<b>4. FEI Number</b> 65-0856325	
<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>  LOZANO, DANIEL 8021 NORTHWEST 66TH STREET MIAMI, FL 33166			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> LOZANO, DANIEL 8021 NORTHWEST 66TH STREET MIAMI, FL 33166		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> LOZANO, WILLIAM 8021 NORTHWEST 66TH STREET MIAMI, FL 33166		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<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> _____			Date: 8-17-04 1305 4971626		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment 24680832  
PG# 00006782

CABANAS & ASSOCIATES, P.A.  
ACCOUNTING, TAX PLANNING & PREPARATION  
SQUARE ONE BUSINESS CENTER  
10520 N.W. 26<sup>TH</sup> STREET  
SUITE C-201  
MIAMI, FLORIDA 33172

TELEPHONE: 305-513-3639  
FAX: 305-513-4122

MEMBER OF  
NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS  
FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

August 12, 2004

Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: Westland Wood Cabinets Corp.

Gentlemen:

We are the Accountants for the above-referenced Corporation and have been asked by our client to correspond with you concerning their late filing of their Annual Report for the year 2004.

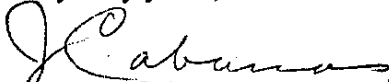
Please note that our client requests amnesty and abatement of the \$400.00 penalty due to the fact that they never received the Annual Report application.

We are enclosing a completed Corporation Reinstatement with the original \$150.00 filing fee.

We respectfully request that you please consider the above circumstances and abate the late filing penalty.

Thank you for your attention to this matter.

Very truly yours,

  
Joseph F. Cabanas

Enclosure