

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # S88271

1. Entity Name  
CREATIVE CABINETS CORP.



Principal Place of Business  
1712 W 32 PL  
HIALEAH, FL 33012-4506 US

Mailing Address  
1712 W 32 PL  
HIALEAH, FL 33012-4506 US

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**



02262004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0298158

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CUDILLEIRO, RAFAEL  
132 NW 136TH AVE  
MIAMI, FL 33182

**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 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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CUDILLEIRO, RAFAEL  
STREET ADDRESS 132 NW 136TH AVE  
CITY-ST-ZIP MIAMI, FL 33182

TITLE D  
NAME CUDILLEIRO, VIVIAN  
STREET ADDRESS 132 N W 136TH AVENUE  
CITY-ST-ZIP MIAMI, FL 33182

TITLE S  
NAME CUDILLEIRO, RAFAEL  
STREET ADDRESS 1161 W. 40 PLACE  
CITY-ST-ZIP HIALEAH, FL 33012

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000093126  
03/22/04-80005-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Rafael Cudilleiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #