


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90072 009 ***150.00

DOCUMENT # K41767
 1. Entity Name
R.W. SCHARF CABINETS AND MILLWORK, INC.



Principal Place of Business Mailing Address
C/O RANDOLPH W. SCHARF **C/O RANDOLPH W. SCHARF**
1538 NW 23 AVENUE **1538 NW 23 AVENUE**
FORT LAUDERDALE FL 33311 **FORT LAUDERDALE FL 33311**

2. Principal Place of Business 3. Mailing Address
4180 NW 10th Ave **4180 NW 10th Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Oakland Park, FL **Oakland Park FL.**
 Zip Country Zip Country
33309 USA **33309 USA**

4. FEI Number **65-0083622** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
SCHARF, RANDOLPH W.
1538 NW 23 AVENUE
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
 Name **Scharf, Randolph W.**
 Street Address (P.O. Box Number is Not Acceptable) **4180 NW 10th Ave**
 City **Oakland Park** **FL** Zip Code **33309**

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 reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SCHARF, DEBRA 7460 PLANTATION ROAD PLANTATION FL 33317	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD SCHARF, RANDOLPH 7460 PLANTATION ROAD PLANTATION FL 33317	<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
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Debra Scharf* *2/5/04* *954 491 7008*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #