

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000014696

**Entity Name:** CABINET BY DESIGN OF NWFL INC.

**Current Principal Place of Business:**

106 EAST AUDREY DR. NORTHWEST  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

106 EAST AUDREY DR. NORTHWEST  
FORT WALTON BEACH, FL 32548

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AGOSTO, LUIS O  
106 EAST AUDREY DR NORTHWEST  
FORT WALTON BEACH, FL 32548 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name AGOSTO, LUIS OMAR  
Address 106 EAST AUDREY DR. NORTHWEST  
City-State-Zip: FORT WALTON BEACH FL 32548

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LUIS OMAR AGOSTO

**PRESIDENT**

**05/01/2019**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date