ANNUAL REPORT (AR)

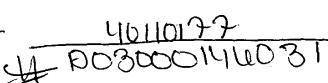
SIGNATURE:

FILED Jul 10, 2008 8:00 am DOCUMENT # P03000146031 Secretary of State 1. Entity Name MEENA CORBIN KITCHENS, INC. 07-10-2008 90016 034 ***150.00 Principal Place of Business Mailing Address 1903 HENDRICKS AVENUE 1903 HENDRICKS AVENUE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Scite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEi Number Applied For 20-0426388 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORBIN, ANITA S Street Address (P.O. Box Number is Not Acceptable) 3859 ARDEN ST. JACKSONVILLE FL 32205 Zip Code 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 grafted maner of registered abent und tife Tapp atio. (NOTE Registered Agera signature required when removiting) DATE FILE NOW!!! FEE: IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1,/2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ De ete TITLE ☐ Change Addition CORBIN, ANITA S PRES NAME NALAE STREET ADDRESS 3859 ARDEN ST STREET ADDRESS JACKSONVILLE FL 32205 OffY- \$7-715 CITY-ST-ZIP TIFLE ☐ Datele TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition HAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete ☐ Change TITLE ☐ Addition HAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP C Delete TITLE TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delale TITLE Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE C 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 attachargent with an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904

ATTACKMENT





FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS P.O. Box 8700 Tallahassee, Florida 32314

PO BOX 6327

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2:36pm 1/03/00 (send copy)

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Document #

P03000146031

NEENA CORBIN KITCHENS, INC. 1903 HENDRICKS AVENUE JACKSONVILLE FL 32207-3305

Note: This is not a change to the address of record.



2008 CR2E095 - 2nd 3/08