

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90079 010 \*\*\*158.75

**DOCUMENT # P05000081876**

1. Entity Name

**NORTH WOODS KITCHENS, INC.**



Principal Place of Business

**8680 SW 212TH STREET #104  
 MIAMI FL 33189**

Mailing Address

**8680 SW 212TH STREET #104  
 MIAMI FL 33189**



2. Principal Place of Business

**4747 N. NOB HILL RD**

Suite, Apt. #, etc.

**STE. 12**

3. Mailing Address

**4747 N. NOB HILL RD**

Suite, Apt. #, etc.

**STE 12**

1st MOORE

CR2E034 (10/05)

City & State

**SUNRISE, FL.**

City & State

**SUNRISE FL.**

4. FEI Number

**20-2994874**

Applied For

Not Applicable

Zip

**33351**

Country

**BROWARD**

Zip

**33351**

Country

**BROWARD**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SIEGFRIED, DAVID  
 8680-SW 212TH STREET #104  
 MIAMI FL 33189**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

**DAVID W. SIEGFRIED**

Signature, typed or printed name of registered agent and file if applicable

*David W. Siegfried*

(NOTE: Registered Agent signature required when reinstating)

**3/2/06**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SIEGFRIED, DAVID</b>	
STREET ADDRESS	<b>8680 SW 212TH STREET #104</b>	
CITY-ST-ZIP	<b>MIAMI FL 33189</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGFRIED, DAVID W.</b>	
STREET ADDRESS	<b>875 RIVERSIDE DR. #720</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL. 33071</b>	

TITLE	<b>VP/S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KAMINOFF, EDYTHE</b>	
STREET ADDRESS	<b>875 RIVERSIDE DR. #720</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS, FL., 33071</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby 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 attachment with an address, with all other like empowered.

SIGNATURE:

*David W. Siegfried*

**DAVID W. SIEGFRIED**

**3/2/06**

**305-710-3320**  
**1-866-657-8650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #