

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90275 014 \*\*\*150.00

<b>DOCUMENT # K76602</b> 1. Entity Name <b>KITCHEN ART OF SOUTH FLORIDA INC.</b>					
Principal Place of Business <b>11866 WILES RD</b> <b>CORAL SPRINGS, FL 33076 US</b>			Mailing Address <b>11866 WILES RD</b> <b>CORAL SPRINGS, FL 33076 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0121123</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>JONES, GREGORY</b> <b>919 NW 123 DR.</b> <b>CORAL SPRINGS, FL 33071</b>				7. Name and Address of New Registered Agent Name <b>RICHARD KARPELES</b> Street Address (P.O. Box Number is Not Acceptable) <b>11872 N.W. 2ND CT</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33071</b>	
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 <u><i>Richard Karpeles</i></u> <b>RICHARD KARPELES</b> DATE <u>1/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <b>JONES, GREGORY</b> <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JONES, GREGORY</b>		NAME		
STREET ADDRESS	<b>919 NW 123 DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>		CITY-ST-ZIP		
TITLE	D <b>JONES, GAIL M.</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JONES, GAIL M.</b>		NAME		
STREET ADDRESS	<b>919 NW 123 DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL SPRINGS, FL 33071</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Gail M Jones</i></u> <b>GAIL M JONES</b> <u>1-9-06</u> <u>954 753 3501</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					