2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90014 046 ****50.00

DOCUMENT # L02000007829

1. Entity Name
FERRARA KITCHEN, LLC.

24065455

04292004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
DCOTA 1855 GRIFFIN RD C 230 DANIA, FL 33004	DCOTA 1855 GRIFFIN RD C 230 DANIA, FL 33004

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2800 GLADES CIRCLE Suite, Apt. #, etc. SUITE E-102
City & State	City & State WESTON, FL
Zip / Country	Zip 33327 / Country USA

4. FEI Number 82-0541766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGRAPIDAKI, NICOLAS SR. 6801 NW 77 AVE. 102 MIAMI, FL 33166	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AGRAPIDAKI, NICOLAS SR. 6801 NW 77 AVE. 102, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AGRAPIDAKI, GIORGIOS SR. 6801 NW 77 AVE. 102, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOSLING, ENRIQUE SR. 6801 NW 77 AVE. MIAMI, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANTONIETTA TURIT 04/30/04 954-515-0301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #