

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

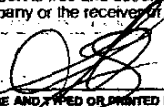
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May 05, 2004 8:00 am
Secretary of State

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04292004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000007829			
1. Entity Name FERRARA KITCHEN, LLC.			
Principal Place of Business DCOTA 1855 GRIFFIN RD C 230 DANIA, FL 33004		Mailing Address DCOTA 1855 GRIFFIN RD C 230 DANIA, FL 33004	
2. Principal Place of Business		3. Mailing Address 2800 GLADES CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE E-102	
City & State		City & State WESTON FL	
Zip	Country	Zip	Country
		33327	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 reappointing)			
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 TURITTO		Date 04/30/04 Daytime Phone # 954-515-0301	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			