2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90039 032 ***150.00

DOCUMENT # P01000060693

1. Entity Name
CORAL KITCHENS, INC.

Principal Place of Business
1777 NORTHGATE BLVD, UNIT A-2
SARASOTA, FL 34234 US

Mailing Address
1777 NORTHGATE BLVD, UNIT A-2
SARASOTA, FL 34234 US

2. Principal Place of Business No P.O. Box #
Suite, Apt. #, etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip | Country

01092008 Chg-P CR2E034 (12/06)

4. FEI Number
65-1113678
Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAND, GREGORY S ESQ.
1680 FRUITVILLE ROAD
SUITE 102
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name: Kevin Nikrik
Street Address (P.O. Box Number is Not Acceptable): 1777 Northgate Blvd # A-2
Sarasota, FL 34234
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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT	☐ Delete
NAME	NIKRIK, KEVIN D	
STREET ADDRESS	1777 NORTHGATE BLVD, UNIT A-2	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	DVST	☐ Delete
NAME	NIKRIK, STEPHANIE L	
STREET ADDRESS	1777 NORTHGATE BLVD, UNIT A-2	
CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ 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 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: Kevin Nikrik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #