

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90145 002 ***150.00

DOCUMENT # P01000077003					
1. Entity Name Kitchen Loft, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2814 No. Miami Ave. Suite, Apt. #, etc.			3. Mailing Address 2814 No. Miami Ave. Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33137-3932	Country USA	Zip 33137-3932	Country USA	4. FEI Number 65-1151914	
DO NOT WRITE IN THIS SPACE				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				7. Name and Address of Current Registered Agent	
DO NOT WRITE IN THIS SPACE				Name Paz, Arturo, Jr.	
				Street Address (P.O. Box Number is Not Acceptable) 525 N.W. 29th St.	
				City Miami	
				State FL	
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.				Zip Code 33127	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Luyando, Pura C. 1881 Washington Ave., Apt. 10D Miami Beach, FL 33139			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Paz, Arturo, Jr. 525 N.W. 29th St. Miami, FL 33127			TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Pura C. Luyando</u> Pura C. Luyando 04/26/03 305-438-4385 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034B (12/02)