

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000031482



1. Entity Name
KITCHEN DESIGNERS, INC.

Principal Place of Business
2850 PALMWOOD TERRACE, P226
BOCA RATON, FL 33431

Mailing Address
2850 PALMWOOD TERRACE, P226
BOCA RATON, FL 33431

2. Principal Place of Business
300 NE 26 Street

Suite, Apt. #, etc.

3. Mailing Address
300 NE 26 Street

Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State
BOCA RATON FL

Zip 33431 Country USA

Zip 33431 Country USA

6. Name and Address of Current Registered Agent

MULLIN, JAMES G
2080 N.W. BOCA RATON BLVD., #6
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

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 *Gary L. Rizzo, Pres.*

Signature, typed or printed name of registered agent and title (if applicable)

DATE

x 2-16-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME RIZZO, GARY
STREET ADDRESS 2850 PALMWOOD TERRACE, P226
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V Delete
NAME RIZZO, ANTHONY
STREET ADDRESS 2850 PALMWOOD TERR.
CITY-ST-ZIP BOCA RATON, FL 33931

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Gary L. Rizzo, Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Feb 19, 2004 8:00 am
Secretary of State**

02-19-2004 90033 014 ***150.00



02162004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0057636	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name Gary Rizzo
Street Address (P.O. Box Number is Not Acceptable)
300 NE 26 Street

City Boca Raton FL Zip Code 33431

x 2-16-04