2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000054737 1. Entity Name 1. EN							FILED					
J.P. KITCHEN DESIGN & DISTRIBUTOR, INC.							2007 SEP 17 PM 4: 52					
Principal Place 1911 SW 101 BAY D MIRAMAR, FL	AVE	Mailing Address 1911 SW 101 AVE BAY D MIRAMAR, FL 33025			SECRETARY OF STATE TALLAHASSEE.FLORIDA							
2. Principal Pla	ace of Busir	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.				08172007	Chg-P	CR2E03	4 (12/06)		
City & State			City & State			14	4. FEI Numb			\vdash	elicd For——— t Applicable	
Zip	Country		Zip	Zip		try	5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name	Registered Agent			Name	7. Name and Address of New Registered Agent						
PADRON, J 1911 SW 10 BAY D	01 AVE				Street Address (P.O. Box Number is Not Acceptable)							
MIRAMAR,	FL 3302				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————————————————————————————————————												
		! FEE IS \$150.00 ptember 14, 2007	9. Election Campai Trust Fund Contr	•	~ _ **	.00 May Be led to Fees	In accordance with corporation did no					
10.		OFFICERS AND	DIRECTO	1	11.		ADDITIONS	L /CHANGES TO OFFIC	ERS AND			
1	PSD PADRON	, JUAN		☐ Delete	TITE NAM	-				☐ Change	Addition	
I I					ET ADORESS - ST-ZIP	300109522473 03/17/0701045022 6% P Addition						
TITLE			<u> </u>	☐ Delete	TITL	E	09/1	7/0701045-	-022	Change.	Addition	
NAME STREET ADDRESS CRY-ST-ZIP						EET ADDRESS -ST-ZIP						
TITLE		*		☐ Delete	THTL		·····	**************************************		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS ST-ZIP						
TITLE NAME STREET ADDRESS		4-1		☐ Delcte		ET ADDRESS	<u>-</u>			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE			······································	☐ Delete	TITL	-ST-ZIP E				Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	Addition	
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.												
SIGNATI	SIGNATURE: SIGNATURE AND TYPES OF DEPART OF NAME OF SIGNATURE OR DIRECTOR											