2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000074278

1. Entity Name
KROW'S KITCHEN, INC.

Principal Place of Business	Mailing Address
846 NE 20 DRIVE WILTON MANORS, FL 33305	846 NE 20 DRIVE WILTON MANORS, FL 33305

DO NOT WRITE IN THIS SPACE

08252004 No Chg-P CR2E034 (10/03)

4. FEI Number
55-0788495

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KOROSECZ, GREGORY S
846 NE 20 DRIVE
WILTON MANORS, FL 33305

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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: [signature] President 8-24-04
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KOROSECZ, GREGORY S
STREET ADDRESS	846 NE 20 DRIVE
CITY-ST-ZIP	WILTON MANORS, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/30/04-80009-016 150.00

DO NOT WRITE IN THIS SPACE

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: [signature] 8-24-04 954-563-4758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #