

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 846 NE 20 DRIVE WILTON MANORS, FL 33305	Mailing Address 846 NE 20 DRIVE WILTON MANORS, FL 33305
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DO NOT WRITE IN THIS SPACE

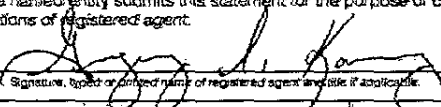
	
06252004 No Chg-P CR2E034 (10/03)	
4. FEI Number 55-0788495	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KOROSCEZ, GREGORY S
846 NE 20 DRIVE
WILTON MANORS, FL 33305**

DO NOT WRITE IN THIS SPACE

7. 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  **President** **8-24-04**

(NOTE: Registered Agent signature required when re-electing) DATE

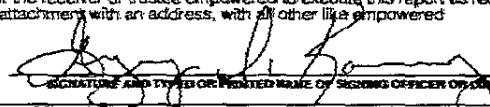
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P KOROSCEZ, GREGORY S 846 NE 20 DRIVE WILTON MANORS, FL 33305
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UDD000171224
08/30/04-80009-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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:  **8-24-04 954-563-4758**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #