

To

FILED
Jul 12, 2004 8:00 am
Secretary of State


06-14-2004 90003 018 ***550.00

6/14/2004

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000106468

1. Entity Name
THE KITCHEN OF MIAMI CORPORATION




Principal Place of Business Mailing Address
7750 NW 71 ST **7750 NW 71 ST**
MIAMI, FL 33168 **MIAMI, FL 33168**

2. Principal Place of Business 3. Mailing Address
3435 N.W. 79th Ave **3435 N.W. 79th Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Zip
33122 **33122**
 Country Country
U.S.A. **U.S.A.**

66429741



04182004 Ctp-P CR2ED84 (10/00)

4. FEI Number
27-3876788


Applied For (Not Applicable)

5. Corporation Status Changed \$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent
QUICK ACCOUNTING SOLUTIONS
4815 NW 79 AVE
SUITE 1
MIAMI, FL 33168

7. Name and Address of New Registered Agent
MICHAEL GLINSKY & COMPANY
 Street Address (P.O. Box Number is Not Acceptable)
11A EAST FLORIDA ST Suite # 1118
 City State Zip Code
MIAMI **FL** **33131**

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 agents.

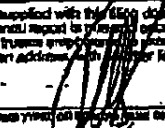
SIGNATURE: 

FILE MONTH FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Reporting
 Trial Fund Contribution \$5.00 May Be Added to Form

10. OFFICERS AND DIRECTORS		11. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS (if 11)	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D ESAIN, JUAN O 7750 NW 71 ST MIAMI, FL 33168	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete	D FERNANDO UIRO 7300 N.W. 114th Ave #203 MIAMI, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this report does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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 thereof; that I am signing this report as required by Chapter 807, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with respect to the corporation.

SIGNATURE:  X 06/11/04 786 3360013