2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 10, 2004 8:00 am
Secretary of State
04-30-2004 90361 020 ***150.00

DOCUMENT # P02000110855

1. Entity Name
KITCHENETTA INC.

66427659

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
2757 NE 34 ST. FORT LAUDERDALE FL 33306	2757 NE 34 ST. FORT LAUDERDALE FL 33306

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc. — Suite, Apt. #, etc.
City & State — City & State
Zip — Country — Zip — Country

4. FEI Number AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOTI, VINCENT F
2757 NE 34 ST
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 ____
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
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	TITLE	☐ Change ☐ Addition
NAME	FOTI, VINCENT F	NAME	
STREET ADDRESS	2757 NE 34 ST	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Vincent Foti 4-24-04 954 817-9901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 16042759
#P02000110855

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-98

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.)
Kitchenetta Inc.

2 Trade name of business, if different from name in line 1
N/A

3 Executor, trustee, "care of" name
Vincent Foti

4a Mailing address (street address) (room, apt., or suite no.)
2757 NE 34 St.

5a Business address, if different from address in lines 4a and 4b
same

4b City, state, and ZIP code
FORT LAUDERDALE, FL 33306

5b City, state, and ZIP code
Same

6 County and state where principal business is located
BROWARD, FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN required (See instructions.) ▶

8a Type of entity (Check only one box.) (See instructions.)

- ☐ Sole Proprietor (SSN) ___
- ☐ REMIC
- ☐ State/local government
- ☐ Other nonprofit organization (specify) ___
- ☐ Other (specify) ▶ ___
- ☐ Personal service corp.
- ☐ National guard
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator-SSN ___
- ☒ Other corporation (specify) S Corporation
- ☐ Federal government/military
- ☐ Trust
- ☐ Partnership
- ☐ Farmers' cooperative
- ☐ Church or church controlled organization
- (enter GEN if applicable) ___

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ | State: FLORIDA | Foreign country: N/A

9 Reason for applying (Check only one box.)

- ☒ Started new business (specify) ▶ ___
- ☐ Hired employees
- ☐ Created a pension plan (specify type) ▶ ___
- ☐ Banking purpose (specify) ▶ ___
- ☐ Changed type of organization (specify) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify) ▶ ___
- ☐ Other (specify) ▶ ___

10 Date business started or acquired (Mo., day, year) (See instructions.)
Oct. 14, 2002

11 Enter closing month of accounting year. (See instructions.)
December

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: *If applicant is a withholding agent, enter date income will first be paid to nonresident alien.* (Mo., day, year) ▶

13 Enter highest number of employees expected in the next 12 months. Note: *If the applicant does not expect to have any employees during the period, enter "0."* ▶

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (See instructions.) ▶ Restaurant development

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box.
☐ Public (retail) ☐ Other (specify) ▶ ☐ Business (wholesale) ☒ N/A

17a Has the applicant ever applied for an identification number for this or any other business? ☒ Yes ☐ No
Note: *If "Yes," please complete lines 17b and 17c.*

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.
Legal name ▶ Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) | City and state where filed: FORT LAUDERDALE FL | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Business telephone number (include area code)

Name and title (Please type or print clearly.) Vincent Foti - President | 954-917-9901

Signature Vincent Foti Agent | Date ▶ 6-1-04

Note: *Do not write below this line. For official use only.*

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying