2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P02000110855

FILED May 24, 2005 8:00 am Secretary of State

1. Entity Name					^	02.25.2005	_			
KITCHENETTA INC.						03-25-2005	90022 012	130	.00	
·										
Principal Place of Business Mailing Address					1					
2757 NE 34	ST.	2757 NE 34 ST.	τ.		,	ee01	0509			
FORT LAUDERDALE FL 33306 FOR		FORT LAUDERDALE FI	RT LAUDERDALE FL 33306] /	נחממ	18562			
•					1 ()	enta in tall yek dem st			(198 1) (1981)	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		│ 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				st MOORE	CR2E034 (1	0/04)		
City & State		City & State	City & State		4. FEI NUMB	AP-PLIED	FOR	→	ppiied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	□ \$8	3.75 Ade	ditional	
	6. Name and Address of Curre	nt Registered Agent			7. Name and	d Address of New		<u>-</u>		
FOTI, VINCENT F						÷ -· ·				
2757 NE 34 ST					P.O. Box Numb	per is Not Acceptat	(ok			
FORT LAUDERDALE FL 33306										
			City	у	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, hipsed or cristed name of registered agent and take if applicable [NOTE, Registered Agent signature required when reinstating] [DATE]										
10000000000000000000000000000000000000										
After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Camp Trust Fund Co			.00 May Be ed to Fees	
10.		ND DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DI	RECTOR	S IN 11	
TITLE NAME	P FOTI, VINCENT F	Delete IIILE						Change	Addition	
STREET ADDRESS			NAME STREET ADDR	RESS						
CITY-ST-ZIP			CITY-ST-ZIP	1		<u>-</u>				
TIPLE		☐ Delete	TITLE) Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDR	2239						
CITY-ST-ZIP		•	City-St-Z#							
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CITY-ST-ZIP			CITY-ST-25P			~~··		-		
TITLE		☐ Delete	Inte			-		Change	Addition	
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CILA-21-SIB			STREET ADDR							
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NAME STREET ADDRESS			NAME STOREST ADDO							
CITY-ST-ZIP			STREET ADDR	1						
NITE		_ Defete	TITLE					Change	Addition	
NAME STOCKY ADDROCKS			NAME						_	
STREET ADDRESS CITY-ST-ZIP			STREET ADOR							
	certify that the information supplied Vi	with this filing does not qualify for			ction 119.07(3)		. I further cerbly '	that the in	nformation	
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 chall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver for supplemental execute this content as tending the corporation or the receiver for supplemental true and supplemental true and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like approvered.										
changeo	, or on an attachment with a dadres:	s, with all other like emplowered.	(,						
SIGNATURE:						<u>3-11-05</u>			!	
	SICHATURE AND TYPED O	OF PRINTED NAME OF SIGNING OFFICER O	OR DIRECTOR			Date	Cavin	na Phone #		