2003 FOR PROFIT CORPORATION

Apr 28, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000130890 DOCUMENT # 04-28-2003 91406 011 ***150.00 1. Entity Name KITCHEN DREAMS AND MORE, INC. Principal Place of Business Mailing Address 2765 NW 79TH AVENUE 2765 NW 79TH AVENUE MIAMI FL 33122 MIAMI FL 33122 3. Mailing Address 2. Principal Place of Business 773 NW 167 St 773 NW 167 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 02-0661303 Not Applicable MIAMI MIAMI FL 5. Certificate of Status Desired \$8.75. Additional Country. 33169 -33169 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROUSSO, MARK E ESQ Street Address (P.O. Box Number is Not Acceptable) C/O ROTH FOUSSO & DARRACH PA 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD FL 33021 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10. 3. 3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPS **Change** ☐ Addition TITLE TITLE Delete CARLOS VERDUGO NAME GAZDIK, CARLOS ENRIQUE V NAME 173 NW 167 ST. STREET ADORESS 3440 HOLLYWOOD BLVD STE 360 STREET ADDRESS CITY-ST-7IP MIAMI FL. 33169 HOLLYWOOD FL 33021 CITY-ST-ZIP ☐ Change ☐ Addition TITLE DVT **X** Delete TITLE NAME: PINA, LUIS NAME STREET ADDRESS 3440 HOLLYWOOD BLVD STE 360 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-HOLLYWOOD FL: 33021 ---Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 the 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 truster employered 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 an other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGN THE CARLOS VERBUGO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED