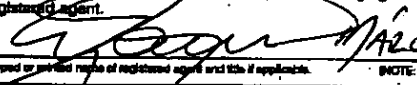


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90065 027 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                 |                                                                          |                                                                                                                                                                                                                         |  |
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| <b>DOCUMENT # P03000003134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                                                 |                                                                          |                                                                                                                                        |  |
| 1. Entity Name<br><b>DL KITCHENS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                 |                                                                          |                                                                                                                                                                                                                         |  |
| Principal Place of Business<br><b>10050 NW 116TH WAY STE 11<br/>MEDLEY, FL 33178</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                                 | Mailing Address<br><b>10050 NW 116TH WAY STE 11<br/>MEDLEY, FL 33178</b> |                                                                                                                                                                                                                         |  |
| 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 <b>46-0517842</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable                                                                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                                                                                 |                                                                          | 66426832                                                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301-2525</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                                                 |                                                                          | 7. Name and Address of New Registered Agent<br>Name <b>MARCIO E. SEZERINO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>10050 NW 116TH WAY, STE 11</b><br>City <b>MEDLEY</b> FL Zip Code <b>33178</b> |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | DATE <b>06/03/04</b>                                                                                            |                                                                          |                                                                                                                                                                                                                         |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2004 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                          |                                                                                                                                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |                                                                                                                                                                                                                         |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NAME        |                                                                                                                 | TITLE                                                                    | NAME                                                                                                                                                                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CITY-ST-ZIP |                                                                                                                 | STREET ADDRESS                                                           | CITY-ST-ZIP                                                                                                                                                                                                             |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                    |                                                                                                                                                                                                                         |  |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | DATE <b>4/9/04</b>                                                                                              |                                                                          | 786 336 0130                                                                                                                                                                                                            |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                                 |                                                                          |                                                                                                                                                                                                                         |  |