## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 06 JUN 23 AM 8: 45 DOCUMENT # P03000004238 SECRETARY OF STATE 1. Entity Name GRAMAR KITCHEN DESIGN, CORP. TALLAHASSEE, FLORID! Principal Place of Business Mailing Address 6343 S.W 150 CT 6343 S.W 150 CT **900076522189** %23/06--01006--001 \*\*17 MIAMI, FL 33193 MIAMI, FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06232006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0987211 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUIS, JUAN CARLOS 6343 SW 150 COURT MIAMI, FL 33193 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 of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Urgelles TITLE Celete estino Change TITLE LUIS, JUAN C NAME NAME IG NW 25 AVE STREET ADORESS 6343 S.W. 150TH COURT STREET ADDRESS CITY-ST-ZIF MIAMI, FL 33193 CITY-ST-ZIP TITLE Delete TITLE Change Addition FERNANDEZ, FRANCISCA NAME NAME 1526 NW 26 6343 S.W 150 CT STREET ADDRESS STREET ADDRESS niami CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME 1526 NW 25 PC STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete **FITLE** TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Oelete TITLE TITEE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 1 Block 10 or Block 11 if changed, or on an attachment with -with all-other like empowered.

FILED