

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90700 004 \*\*\*150.00

<b>DOCUMENT # P03000020822</b> 1. Entity Name <b>FERRARA KITCHEN INVESTMENTS, INC.</b>																													
Principal Place of Business <b>1855 GRIFFIN ROAD SUITE C-230 DANIA BEACH, FL 33004</b>			Mailing Address <b>1730 MAIN STREET SUITE 216 WESTON, FL 33326</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1800 GLADES CIRCLE SUITE E # 102 WESTON, FL 33327</b>																											
City & State Zip		City & State Zip		4. FEI Number <b>16-1655092</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>JEFFREY E. CAMPION, PA 1730 MAIN STREET SUITE 216 WESTON, FL 33326</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
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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)(i), Florida Statutes. I further certify that the information indicated on this report of 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.																													
<b>SIGNATURE:</b> <u><i>ANTONIETTA TURRI</i></u> <b>04/30/04</b> <b>954-5150301</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													