## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000028691

Sep 23, 2004 Secretary of State

Entity Name: DESIGNED KITCHEN &BATH OF SOUTH FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 10880 SW 186 STREET 66 MIAMI, FL 33157 **New Mailing Address: Current Mailing Address:** 10880 SW 186 STREET MIAMI, FL 33157 FEI Number: 59-3768978 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BONICH, LUISA PR 10880 SW 186 STREET MIAMI, FL, FL 33157 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BONICH, LUISA Name: Name: 10880 SW 186 STREET, #66 Address: Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition OLIVA, JORGE Name: OLIVA, JORGE Name: 10880 SW 186 STREET, #66 10880 SW 186 STREET, #66 Address: Address: MIAMI, FL 33157 MIAMI, FL 33157 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition OLIVA, DIANNA Name: Name: 10880 SW 186 ST #66 Address Address: City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition SOLTURA, ALAIN Name: Name: Address: Address: 10880 SW 186 ST #66 City-St-Zip: City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAIN SOLTURA S 09/23/2004