2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 24, 2005
Secretary of State

DOCUMENT# P03000028691

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

Current Principal Place of Business:

10880 SW 186 STREET
66
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10880 SW 186 STREET
66
MIAMI, FL 33157

New Mailing Address:

FEI Number: 59-3768978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONICH, LUISA PR.
10880 SW 186 STREET
66
MIAMI,FL, FL 33157 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BONICH, LUISA
Address: 10880 SW 186 STREET, #66
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete
Name: OLIVA, JORGE
Address: 10880 SW 186 STREET, #66
City-St-Zip: MIAMI, FL 33157

Title: TR ( ) Delete
Name: OLIVA, DIANNA
Address: 10880 SW 186 ST #66
City-St-Zip: MIAMI, FL 33157

Title: S (X) Delete
Name: SOLTURA, ALAIN
Address: 10880 SW 186 ST #66
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LUISA BONICH PD 08/24/2005

Electronic Signature of Signing Officer or Director — Date