## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 12, 2007 8:00 am Secretary of State 04-12-2007 90021 032 \*\*\*150 00 DOCUMENT # P03000045244 1. Entity Name BOCA KITCHENS, INC. Principal Place of Business Mailing Address 40057469 2900 N FEDERAL HWY 730 SOUTH POWERLINE ROAD BOCA RATON, FL 33431 DEERFIELD BEACH, FL 33442 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 14-1881074 Not Applicable Zip Country 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 18112 Choi BROTMAN, SUSAN J Street Address (P.O. Box Number is Not Acceptable) 2424 N FEDERAL HWY, STE 411 مكلام BOCA RATON, FL 33431 Bear I am familiar with, and accept 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. the obligations of registered agen SIGNATURE (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TILE ☐ Delete TIFLE ☐ Change ☐ Addition CHOL YEJIN NAME NAME STREET ADDRESS 7511 BLACK OLIVE WAY STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 CITY-ST-ZIP TITLE Delete IUIE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-71P TITLE ☐ Delete TITLE . 🔲 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY+ST-ZIP CLTY - ST - ZIP ITTLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 eath; that I am an officer or director of the corporation or the receiver of 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.

Vein Char

SIGNATURE:

president

FILED

954-428-404