2007 FOR PROFIT CORPORATION

Apr 12, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000045331 04-12-2007 90021 031 ***150.00 1. Entity Name BOCA KITCHENS OF CORAL SPRINGS, INC. Mailing Address Principal Place of Business 40057470 730 S POWERLINE ROAD 949 N UNIVERSITY DR POMPANO BEACH, FL 33071 DEERFIELD BEACH, FL 33442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 CR2E034 (12/06) Cha-P Applied For 4. FEI Number City & State City & State 14-1881078 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Choi 6)(4) BROTMAN, SUSAN J Street Address (P.O. Box Number is Not Acceptable 2424 N FEDERAL HWY, STE 411 BOCA RATON, FL 33431 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 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PSTD TITLE ■ Addition ☐ Delete TITLE Change CHOI, YEJIN NAME NAME 7511 BLACK OLIVE WAY STREET ADDRESS STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete ШE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TILE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CfTY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 oath; that I am an officer or director of the corporation or the receiver or plustee 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.

SIGNATURE:

FILED