FILED
May 25, 2004 8:00 am
Secretary of State
04-12-2004 90315 041 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

DOCUMENT # P03000049412

1. Entity Name
KITCHEN SPECIALIST, INC.

00441100

[redacted]

03042004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
8440 SUNSET STRIP SUNRISE, FL 33322	8440 SUNSET STRIP SUNRISE, FL 33322

2. Principal Place of Business		3. Mailing Address	
		2031 NW 82nd WAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. S	
City & State		City & State Sunrise, FL	
Zip	Country	Zip 33322	Country USA

4. FEI Number 37-1466752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RIOS, STAYSIE
8440 SUNSET STRIP
SUNRISE, FL 33322

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RIOS, STAYSIE 8440 SUNSET STRIP SUNRISE, FL 33322	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MANGUAL, Staysie 2031 NW 82nd Way Sunrise Fl. 33322	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREISDORF, KEN 1321 SW 22 TERR FT LAUDERDALE, FL 33312	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 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 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.

SIGNATURE: [signature] 3/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #