

Feb 09, 2007 08:00 AM **DOCUMENT # P03000050487 Secretary of State** 1. Entity Name WESTON KITCHENS, INC. Principal Place of Business Mailing Address 131 WESTON ROAD 131 WESTON ROAD WESTON, FL 33326 WESTON, FL 33326 CR2E034 (11/05) 01242007 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 72-1565579 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BLANKMAN, DOUGLAS A ESQ. DO NOT WRITE 350 E. LAS OLAS BLVD. STE 980 FORT LAUDERDALE, FL 33301 IN THIS SPACE 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 Fiorida. 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE NAME LEPORE, LINO P STREET ADDRESS 1265 FAIRFAX CT CITY-ST-ZIP WESTON, FL 33326 TITLE 000000630054 02/19/07-80024-018 150.00 NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 suppliemental 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 occupant 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: C

STREET ADDRESS CITY-ST-ZIP

SIGNOTURE AND TYPED OR PRINCED NAME OF STORING OFFICER OR DIRECTOR

2-7-01

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FILED