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Secretary of State
04-19-2004 90292 023 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000053248

1. Entity Name
KITCHEN KABARET CORP.

94055178

Principal Place of Business	Mailing Address
5080 POINTE ALEXIS DRIVE BOCA RATON, FL 33486	5080 POINTE ALEXIS DRIVE BOCA RATON, FL 33486

02282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 56-2361660 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DONALD J
1200 NORTH FEDERAL HWY STE 312
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name GIULIANO P ZARATIN
Street Address (P.O. Box Number is Not Acceptable) 5080 POINTE ALEXIS DR
City BOCA RATON FL 33486

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: GIULIANO P ZARATIN PRES GIULIANO P ZARATIN 4/15/04
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	D ZARATIN, PAMELA 5080 POINTE ALEXIS DRIVE BOCA RATON, FL 33486	☒ Delete	P/S/T GIULIANO P ZARATIN 5080 POINTE ALEXIS DR BOCA RATON FL 33486	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	D ANTONIO BELLISSIMO 2090 INVERRARY BR. APT-2-Z LAUDERHILL FL. 33319-5930	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pamela A Zaratin Pamela A Zaratin 4/15/04 561-361-6850
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR Date Daytime Phone #