2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 05, 2005 8:00 am Secretary of State DOCUMENT # P03000071709 1. Entity Name 04-05-2005 90050 030 ***150.00 R&R KITCHENS UNLIMITED, INC. Principal Place of Business Mailing Address 7543 VIA GRANDE 7543 VIA GRANDE **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For 51-0472632 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent FALZONE, RON Street Address (P.O. Box Number is Not Acceptable) 7543 VIA GRANDE **BOYNTON BEACH FL 33437** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE Delete TITLE ☐ Change Addition FALZONE, RONALD NAME NAME STREET ADDRESS 7543 VIA GRANDE STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33437** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME PARISI, CHRISTOPHER NAME STREET ADDRESS 5837 NW 49TH AVENUE STREET ADDRESS COCONUT CREEK FL 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE THE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this flying 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 pustee expensive ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

er like empowered.

PRINTED NAME OF SIGNING OFFICER OR

changed, or on an attachmen

SIGNATURE:

FILED