

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 15, 2004 8:00 am
Secretary of State

02-25-2004 90043 025 ***150.00

DOCUMENT # P03000074330 1. Entity Name LET'S FACE IT KITCHENS, INC.					
Principal Place of Business 4302 E 10 AVE STE 401 TAMPA, FL 33605			Mailing Address 4302 E 10 AVE STE 401 TAMPA, FL 33605		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FFI Number 20-0074240	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RUIZ, RAYMOND A 4302 E 10 AVE STE 401 TAMPA, FL 33605				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and true and accurate					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 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	PTD RUIZ, RAYMOND A 4302 E 10 AVE STE 401 TAMPA, FL 33605	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD RUIZ, SHERRI 4302 E 10 AVE STE 401 TAMPA, FL 33605	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	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:				(813) 242-4440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					