

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90111 016 ***150.00

DOCUMENT # P03000076230

1. Entity Name
STELLA'S KITCHEN, INC.



Principal Place of Business
**34 ACACIA STREET
TARPON SPRINGS, FL 34689**

Mailing Address
**34 ACACIA STREET
TARPON SPRINGS, FL 34689**

40061985



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RADAKOVIC, IRENE
34 ACACIA STREET
TARPON SPRINGS, FL 34689**

**DO NOT WRITE
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 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
RADAKOVIC, IRENE
34 ACACIA STREET
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RADAKOVIC, THEODORE
34 ACACIA STREET
TARPON SPRINGS, FL 34689**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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:

Irene Radakov **IRENE RADAKOVIC**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06
Date

727-512-1888
Daytime Phone #

ATTACHMENT

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STREET ADDRESS	34 ACACIA STREET
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	D
NAME	RADAKOVIC, THEODORE
STREET ADDRESS	34 ACACIA STREET
CITY - ST - ZIP	TARPON SPRINGS, FL 34689
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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CITY - ST - ZIP	

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SIGNATURE:

Theodore Radakovic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE
RADAKOVIC

4/12/06 727 5121961
Date Daytime Phone #