

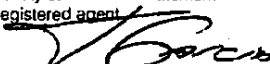
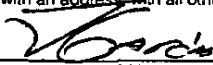


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90009 048 \*\*\*150.00

<b>DOCUMENT # P03000080878</b> 1. Entity Name <b>FAMILY KITCHEN &amp; WOOD DESIGN, CORP.</b>					
Principal Place of Business <b>7750 WEST 28TH AVE. SUITE 106 HIALEAH FL 33018</b>				* Mailing Address <b>7750 WEST 28TH AVE. SUITE 106 HIALEAH FL 33018</b>	
2. Principal Place of Business <b>3480 WEST 84 ST</b> Suite, Apt. #, etc. <b>C-103</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Hialeah FL</b>		City & State		4. FEI Number <b>13-1674252</b>	
Zip <b>33016</b>		Country <b>DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GARCIA, JOSE E</b> <b>7750 WEST 28TH AVE.</b> <b>SUITE 106</b> <b>HIALEAH FL 33018</b>				7. Name and Address of New Registered Agent Name <b>GARCIA Jose E</b> Street Address (P.O. Box Number is Not Acceptable) <b>3480 WEST 84 ST C-103</b> <b>Hialeah FL</b> City <b>FL</b> Zip Code <b>33016</b>	
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  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE <b>01/05/04</b>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA, JOSE E 7750 WEST 28TH AVE. SUITE 108 HIALEAH FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GARCIA, NATALIA 7750 WEST 28TH AVE. SUITE 108 HIALEAH FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <b>JOSE GARCIA</b> <b>01/05/04 (305) 800 0800</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					