

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000039504

FILED
Apr 30, 2008
Secretary of State

Entity Name: KITCHENS, OFF PARK AVENUE, INCORPORATED

Current Principal Place of Business:

4660 TIFFANY WOODS CIR
OVIEDO, FL 32765 US

New Principal Place of Business:

6 E. BROADWAY STREET
OVIEDO, FL 32765 US

Current Mailing Address:

4660 TIFFANY WOODS CIR
OVIEDO, FL 32765 US

New Mailing Address:

6 E. BROADWAY STREET
OVIEDO, FL 32765 US

FEI Number: 20-0812884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIODINI, LISA A
4660 TIFFANY WOODS CIR
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

CHIODINI, LISA A
6 E. BROADWAY STREET
OVIEDO, FL 32765 US

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.

SIGNATURE: LISA CHIODINI

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: CHIODINI, LISA A
Address: 4660 TIFFANY WOODS CIR
City-St-Zip: OVIEDO, FL 32765 US

Title: VP (X) Delete
Name: CHIODINI, DOUGLAS
Address: 4660 TIFFANY WOODS CIR
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: CHIODINI, LISA A
Address: 6 E. BROADWAY STREET
City-St-Zip: OVIEDO, FL 32765 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA CHIODINI

DPST

04/30/2008

Electronic Signature of Signing Officer or Director

Date