

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90095 024 ***150.00

DOCUMENT # P04000081557 1. Entity Name B & G DESIGNS KITCHEN, INC					
Principal Place of Business 9605 NW 79 AVENUE 18 HIALEAH GARDENS, FL 33016 US			Mailing Address 9605 NW 79 AVENUE 18 HIALEAH GARDENS, FL 33016		
2. Principal Place of Business - No P.O. Box # 9605 NW 79 AVENUE Suite, Apt. #, etc. #38 City & State Hialeah Gardens Zip FLORIDA		3. Mailing Address Suite, Apt. #, etc. City & State Zip 33016			
4. FEI Number 20-1221821		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CUBILLAN, BELKYS 9605 NW 79 AVENUE 18 HIALEAH GARDENS, FL 33016			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <i>Belkys Cubillan</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD CUBILLAN, BELKYS 9605 NW 79 AVENUE HIALEAH GARDENS, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 395 NW 86 PL #2 Miami, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, GUSTAVO 9605 NW 79 AVENUE, #18 HIALEAH GARDENS, FL 33016		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 395 NW 86 PL #2 Miami, FL 33126	
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	
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	
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	
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 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: <i>Belkys Cubillan</i> Belkys Cubillan 4/28/07 305-2448396 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					