## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## **FILED** Apr 19, 2007 08:00 AM Secretary of State DOCUMENT # P04000139571 1. Entity Name KITCHEN EXPO AND DESIGN, INC. Principal Place of Business Mailing Address 1949 TIGERTAIL BLVD. DANIA BEACH FL 33004 1949 TIGERTAIL BLVD. DANIA BEACH FL 33004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & Stato 4. FEI Number Applied For 20-2305174 Not Applicable Zip Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONATHAN D. LEINWAND, P.A. 12955 BISCAYNE BLVD. Stroot Address (P.O. Box Number is Not Acceptable) SUITE 402 NORTH MIAMI FL 33181 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 Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registored Agent signature required when re-instating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ᄑ TITLE ☐ Delete HILL Addition Change MUSKAT, DAVID NAMI. 1949 TIGERTAIL BLVD. STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004 CITY - ST - ZIP CHY-S1-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME 000000717969 STREET ADDRESS STREET ADDRESS 05/01/07-80003-009 150.00 CITY-ST-ZIP CITY-ST-7IP шп ☐ Delete TITLE Change Addition NAME STRUCT ADDRESS STREET ADDRESS CITY-SI-ZIP CHY-ST-ZIP ☐ Delete Change ☐ Addition NAMI STREET ADORESS SHILLT ADDIU SS CITY-ST-7IP CHY-ST-ZIP TITLE Delete ☐ Change Addition NAMI NAME STREET ADDRESS SIBLET ADDRESS COY-SI-7IP CHY-ST-ZIP ☐ Addition ☐ Delete HHE Change NAMI NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CHY-ST-ZIP 12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further cortify 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 trustoe 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.