

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

01-26-2005 90022 026 ***150.00

DOCUMENT # P04000142608 1. Entity Name CREATIVE KITCHEN GENERAL SERVICE, INC.			
Principal Place of Business 1646 W. 41ST ST. HIALEAH, FL 33012		Mailing Address 1646 W. 41ST ST. HIALEAH, FL 33012	
2. Principal Place of Business 1646 W 41 ST Suite, Apt. #, etc.		3. Mailing Address 1646 W 41 ST Suite, Apt. #, etc.	
City & State HIALEAH Florida Zip 33012		City & State HIALEAH Florida Zip 33012	
Country USA		Country USA	
4. FEI Number 43-2065243		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROENZA, JESUS 1646 W. 41ST ST. HIALEAH, FL 33012		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>[Signature]</i> Signature, typed or printed name of registered agent, and date if applicable.		(NOTE: Registered Agent signature required when reappointing) DATE 1-20-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 PROENZA, JESUS 1646 W. 41ST ST. HIALEAH, FL 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PROENZA FRANCIS 1646 W 41ST STREET HIALEAH FL 33012 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR		Date 2-25-05 786-380-2128 Date and Telephone	

66003575



01122005 Chg-P CR2E034 (10/03)