


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2005 8:00 am
Secretary of State

04-25-2005 90231 017 ***150.00

DOCUMENT # P04000165306					
1. Entity Name CUBAN KITCHEN INC.					
Principal Place of Business 1505 W MEMORIAL BLVD LAKELAND FL 33815			Mailing Address 1505 W MEMORIAL BLVD LAKELAND FL 33815		
2. Principal Place of Business 1505 W MEMORIAL BLVD			3. Mailing Address SAME		
Suite, Apt. #, etc. LAKELAND			Suite, Apt. #, etc.		
City & State FL			City & State		
Zip 33815		Country USA		4. FEI Number 20-1976134	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOPEZ, ANGELA M 6225 ELM SQUARE EAST LAKELAND FL 33813			7. Name and Address of New Registered Agent SAME		
			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: <u><i>Angela M. Lopez P.</i></u> DATE: <u><i>4/1/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, ANGELA M		NAME		
STREET ADDRESS	6225 ELM SQUARE EAST		STREET ADDRESS		
CITY- ST- ZIP	LAKELAND FL 33813		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: <u><i>Angela M. Lopez P.</i></u>			Date: <u><i>4/1/05</i></u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		