

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90079 010 ***158.75

DOCUMENT # P05000081876

1. Entity Name

NORTH WOODS KITCHENS, INC.



Principal Place of Business

8680 SW 212TH STREET #104
MIAMI FL 33189

Mailing Address

8680 SW 212TH STREET #104
MIAMI FL 33189

2. Principal Place of Business

4747 N. NOB HILL RD

Suite, Apt. #, etc.

STE. 12

3. Mailing Address

4747 N. NOB HILL RD

Suite, Apt. #, etc.

STE 12

City & State

SUNRISE, FL.

City & State

SUNRISE FL.

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

4. FEI Number

20-2994874

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

SIEGFRIED, DAVID
8680 SW 212TH STREET #104
MIAMI FL 33189

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

DAVID W. SIEGFRIED

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

3/2/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SIEGFRIED, DAVID | |
| STREET ADDRESS | 8680 SW 212TH STREET #104 | |
| CITY-ST-ZIP | MIAMI FL 33189 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | P/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIEGFRIED, DAVID W. | |
| STREET ADDRESS | 875 RIVERSIDE DR. #720 | |
| CITY-ST-ZIP | CORAL SPRINGS, FL. 33071 | |

| | | |
|----------------|---------------------------|--|
| TITLE | VP/S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KAMINOFF, EDYTHE | |
| STREET ADDRESS | 875 RIVERSIDE DR. #720 | |
| CITY-ST-ZIP | CORAL SPRINGS, FL., 33071 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

DAVID W. SIEGFRIED

DAVID W. SIEGFRIED

Date

3/2/06

Daytime Phone #

305-710-3320
1-866-657-8650