

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000102103

FILED
Jan 22, 2007
Secretary of State

Entity Name: BROWARD CUSTOM KITCHENS, INC.

Current Principal Place of Business:

1721 N POWERLINE ROAD
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

1721 N POWERLINE ROAD
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 20-3188102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHINS, LARRY V
4548 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: JOSEPH, WAKSMACKI
Address: 1721 NO POWERLINE ROAD
City-St-Zip: POMPAN0 BEACH, FL 33308

Title: VPD () Delete
Name: JOSEPH, WAKSMACKI
Address: 1721 NO POWERLINE ROAD
City-St-Zip: POMPAN0 BEACH, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE WAKSMACKI

PRES

01/22/2007

Electronic Signature of Signing Officer or Director

Date