



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90257 028 ***150.00

DOCUMENT # P05000108743 1. Entity Name KITCHEN PLUS WOODWORK, INC.																										
Principal Place of Business 7545 E TREASURE DR - STE 9G N BAY VILLAGE, FL 33141			Mailing Address 7545 E TREASURE DR - STE 9G N BAY VILLAGE, FL 33141																							
2. Principal Place of Business 11810 NE 19th Drive Suite, Apt. #, etc. 12		3. Mailing Address 11810 NE 19th Drive Suite, Apt. #, etc. 12																								
City & State North Miami, Fl.		City & State North Miami, Fl.		4. FEI Number 20-3265127																						
Zip 33181		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																						
6. Name and Address of Current Registered Agent: NUNEZ, JORGE E 7545 E TREASURE DR - STE 9G N BAY VILLAGE, FL 33141				7. Name and Address of New Registered Agent Name Same Registered Agent Street Address (P.O. Box Number is Not Acceptable) 11810 NE 19th Drive, No. 12 11810 NE 19th Drive, No. 12 City North Miami FL Zip Code 33181																						
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>NUNEZ, JORGE E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7545 E TREASURE DR - STE 9G</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>N BAY VILLAGE, FL 33141</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	NUNEZ, JORGE E		STREET ADDRESS	7545 E TREASURE DR - STE 9G		CITY - ST - ZIP	N BAY VILLAGE, FL 33141		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>11810 NE 19th Drive, No. 12</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>North Miami, Fl. 33181</td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	11810 NE 19th Drive, No. 12		CITY - ST - ZIP	North Miami, Fl. 33181	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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; it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____	04-17-06	305-992 4239	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #	