2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2007 8:00 am Secretary of State DOCUMENT # P06000027909 1. Entity Name 03-02-2007 90022 043 ***150.00 WHOLESALE KITCHENS & BATHS, INC. Principal Place of Business Mailing Address 4042 NEW CASTLE C 4042 NEW CASTLE C BOCA RATON FL 33434 **BOCA RATON FL 33434** 3. Mailing Address RFX FoRDA Suite, Apt. #, etc. 2. Principal Place of Business - No P.O. Box # 3007 REXFORD A 1st MOORE CR2E034 (10/06) BOCA RATON State کمرCity Applied For BOCA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENTHAL, EVERETT 4042 NEW CASTLE C **BOCA RATON FL 33434** 8. The above named entity submits this statement for the surpose of charging 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, typed or printed name of registered age (NOTE Registered Agant signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.60 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. HILE ☐ Delete HILE Change ☐ Addition ROSENTHAL, EVERETT NAME NAME 4042 NEW CASTLE C STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY - ST - ZIP DHE Addition Delete THE ☐ Change NAMI MAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP ☐ Delete ШЕ ☐ Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY - ST-7IP DITE. ☐ Delete DHE Change ☐ Addition NAME STRUET ADDRESS STREET ADDRESS CITY-S1-7IP CITY - ST- ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - S1 - 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my pame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 561-479-0616 SIGNATURE:

FILED