

2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 01, 2007 8:00 am
Secretary of State

04-09-2007 90036 003 ***150.00

DOCUMENT # P06000048740 1. Entity Name SMART KITCHEN SOLUTIONS, INC.																													
Principal Place of Business 610 WEST 18TH STREET STE B HIALEAH, FL 33010-2423			Mailing Address 610 WEST 18TH STREET STE B HIALEAH, FL 33010-2423																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		03232007 Chg-P CR2E034 (12/06)																									
4. FEI Number 20-4640329				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PEREZ, VICTOR 610 WEST 18TH STREET STE B HIALEAH, FL 33010-2423																									
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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: 15%;">TITLE</td> <td style="width: 65%;">DPS</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PEREZ, VICTOR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>461 EAST 24 STREET</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HIALEAH, FL 33013</td> <td></td> </tr> </table>			TITLE	DPS	<input type="checkbox"/> Delete	NAME	PEREZ, VICTOR		STREET ADDRESS	461 EAST 24 STREET		CITY - ST - ZIP	HIALEAH, FL 33013		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 03-29-07 <small>Daytime Phone #</small>																									