## 2007 FOR PROFIT CORPORATION

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

## Mar 29, 2007 8:00 am Secretary of State **ANNUAL REPORT** 03-29-2007 90012 023 \*\*\*150.00 DOCUMENT # P06000134727 THE FUTURE KITCHEN CORP. 40043340 Principal Place of Business Mailing Address 344 W 46TH ST 344 W 46TH ST HIALEAH, FL 33012 HIALEAH, FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt # etc. 03262007 CR2E034 (12/06) City & State City & State 4. FEI Number 30-577**3**906 Applied For Not Applicable Zip Country Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MEDINA, ALIEN Street Address (P.O. Box Number is Not Acceptable) 344 W 46TH ST HIALEAH, FL 33012 City 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 Signature, typed or printed name of registered agent and tale if some and ATIONE Registered Agent signature required when reinstating i **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PSTD TITLE Delete ☐ Change ☐ Addition MEDINA, ALIEN 🖑 NAME NAME 344 W 46TH ST STREET ADDRESS STREET ADDRESS HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Dalele TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

FILED

Change

☐ Addition

12. Thereby certify that the information supplied with this tiling does not coalify 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 it 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 chapter 607 or an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY ST-ZIP

TITLE

NAME

Delete