

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

04-21-2008 90067 036 ***150.00

DOCUMENT # P07000021562 1. Entity Name TOTAL KITCHEN & GRANITE, CORP.			
Principal Place of Business 1200 N FEDERAL HWY HOLLYWOOD, FL 33020 US		Mailing Address 1200 N FEDERAL HWY HOLLYWOOD, FL 33020 US	
2. Principal Place of Business - No P.O. Box # 1400 N. Federal Hwy Suite, Apt. #, etc.		3. Mailing Address 1400 N. Federal Hwy Suite, Apt. #, etc.	
City & State Hollywood - FL Zip 33020 Country USA		City & State Hollywood - FL Zip 33020 Country US	
4. FEI Number 20-8457100		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAHFUZ, ANTONIO 1200 N FEDERAL HWY HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name MAHFUZ, Antonio Street Address (P.O. Box Number is Not Acceptable) 1400 N. Federal Hwy City Hollywood FL Zip Code 33020	
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 title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D MAHFUZ, ANTONIO 1200 N FEDERAL HWY HOLLYWOOD, FL 33020	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,D MAHFUZ, GISELLE S 1200 N FEDERAL HWY HOLLYWOOD, FL 33020	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,D MAHFUZ, ANTONIO 1200 N FEDERAL HWY HOLLYWOOD, FL 33020	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D MAHFUZ, GISELLE S 1200 N FEDERAL HWY HOLLYWOOD, FL 33020	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	
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 another like empowered.		SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	