2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P95000011123

Entity Name: BAJA KITCHEN INC.

Current Principal Place of Business:

931 N STATE ROAD 434
STE 1145
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

931 N STATE ROAD 434
STE 1145
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-3302905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHENAIL, GREGORY
931 S.R. 434 NORTH
SUITE 1145
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHENAIL, GREGORY
Address: 929 OASIS CT
City-St-Zip: APOPKA, FL

Title: DC ( ) Delete
Name: DAHLEN, DICK
Address: 37 BLUE STONE CT.
City-St-Zip: CHADDS FORD, PA 19317

Title: VD ( ) Delete
Name: DANLEN, PRISCILLA
Address: 37 BLUE STONE CT.
City-St-Zip: CHADDS FORD, PA 19317

Title: SD ( ) Delete
Name: DAHLEEN, JUDITH K
Address: 622 RENAISSANCE POINTE BLVD #312
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: DAHLEN, PRISCILLA
Address: 37 BLUE STONE CT.
City-St-Zip: CHADDS FORD, PA 19317

Title: SD (X) Change ( ) Addition
Name: DAHLEN, JUDITH K
Address: 622 RENAISSANCE POINTE BLVD #302
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY CHENAIL PD 04/28/2004

Electronic Signature of Signing Officer or Director Date