

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000030162

1. Entity Name  
CORAL GABLES KITCHEN & BATH DESIGN CENTER,  
INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 30 PM 1:11

Principal Place of Business  
452 BILTMORE WAY  
CORAL GABLES, FL 33134 US

Mailing Address  
452 BILTMORE WAY  
CORAL GABLES, FL 33134 US



01232006 Chg-P CR2E034(11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0665693

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAYSON, MOISES T ESQ.  
TWENTY-FIVE SOUTHEAST 2ND AVENUE STE 730  
MIAMI, FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
CARRILLO, JESUS  
STREET ADDRESS  
452 BILTMORE WAY  
CITY-ST-ZIP  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
D  
CARRILLO, ILEANA  
STREET ADDRESS  
452 BILTMORE WAY  
CITY-ST-ZIP  
CORAL GABLES, FL 33134 ☐ Delete

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
000065586050  
STREET ADDRESS  
02/10/06--01072--020 \*\*\$61.25  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
D  
Jordana Carrillo  
STREET ADDRESS  
452 Biltmore way  
CITY-ST-ZIP  
Coral gables, FL 33134 ☐ Change ☒ Addition

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESUS Carrillo

Date

Daytime Phone #

1/24/06 305-441-9954