## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY - ST - ZIP

SIGNATURE:

## FILED Apr 26, 2005 08:00 AM Secretary of State

954-677-9701

DOCUMENT # P98000092366  1. Entity Name KITCHENS & BATHS BY MICHAEL, INC.						oury or se	
Principal Place 7431 N.W. 2 SUNRISE, FL	3RD STREET 74	iling Address 431 N.W. 23RD STREET INRISE, FL 33313				RAINE ARINE NY NA MANA AKKIR ANKIRA	<b>       </b>
DO NOT WRITE IN THIS SPACE				03062005 No Chg-P CR2E034 (10/03)  4. FEI Number			
	6. Name and Address of Current Regist	ered Agent				•	
ANTONAKOS, MICHAEL 7431 N.W. 23RD STREET SUNRISE, FL 33313					NOT WI		-
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 Registere	d Agent signature required	f when reinstaling)		DATE	<del></del>
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				.00 May Be led to Fees			
10.	OFFICERS AND DIREC	TORS		F 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the second s		77
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PSD ANTONAKOS, MICHAEL 7431 N.W. 23RD STREET SUNRISE, FL 33313	-		·	 {	ሳ መጣ ሂ ሙጣ ነው	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· .	04/26/05	1331336 -80012-014 150	.00
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TITLE NAME STREET ADDRESS CITY+ST-ZIP			)   	IN '	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-			
TITLE NAME STREET ADDRESS		••	]		-		

12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of 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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR