


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90255 037 ***150.00

DOCUMENT # P 98000092396	
1. Entity Name Florida Kitchen Gallery, Inc.	

DO NOT WRITE IN THIS SPACE

11017713

2. Principal Place of Business 3395 N.W. 79th Ave Suite, Apt. #, etc.	3. Mailing Address 3395 NW 79th Ave Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0873505	Applied For <input type="checkbox"/> No: Applicable
Zip 33122	Country US	Zip 33122	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Juan Delgado
Street Address (P.O. Box Number is Not Acceptable) 3395 NW 79th Avenue
City Miami
State FL
Zip Code 33122

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  **Owner, PSD** DATE **4/16/03**

<p>January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust: Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Juan Delgado 3395 NW 79th Avenue Miami, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Feb Denschel 847 NE 99th Street Miami Shores, FL 33138	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 reports 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 on an attachment with an address, with all other information.

SIGNATURE  **Owner, PSD Juan Delgado** DATE **4/16/03** DAYTIME PHONE # **(305) 594-3727**

CR2E034B (12/02)