FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91435 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072261

1. Entity Name
THE KITCHEN CUPBOARD, INC.

90112226

Principal Place of Business	Mailing Address
17048 NW 22ND ST. PEMBROKE PINES, FL 33028	17048 NW 22ND ST. PEMBROKE PINES, FL 33028

2. Principal Place of Business	3. Mailing Address
9268 COVE Point Cir	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON Beach	City & State
Zip: 33437 / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0944522 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINREB, DVORA ESQ.
9900 STIRLING RD., SUITE 230
COOPER CITY, FL 33024

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 SOLOMON, GARY 17048 NW 22ND STREET HOLLYWOOD, FL 33028 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SOLOMON GARY 9268 COVE POINT CIRCLE BOYNTON BEACH FL 33437 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 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] GARY SOLOMON 4/24/03 5617349128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #