

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90094 034 \*\*\*150.00

**DOCUMENT # S86476**

1. Entity Name  
**NATIONAL KITCHEN MARKETING OF FLORIDA, INC.**



Principal Place of Business  
**101 S. CONGRESS AVE  
SUITE F  
DELRAY BEACH, FL 33445**

Mailing Address  
**TWO S. UNIVERSITY DR  
SUITE 215  
PLANTATION, FL 33324**

**44038399**



2. Principal Place of Business  
**1505 POINSETTIA DRIVE**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 2**

Suite, Apt. #, etc.

City & State  
**DELRAY BEACH, FL**

City & State

Zip  
**33444**

Country  
**USA**

Zip

Country

02232004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**65-0294783**

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

**CANTER, ARTHUR  
101 S CONGRESS AVE  
SUITE F  
DELRAY BEACH, FL 33445**

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, 2004 Fee will be \$550.00**

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 **P** ☐ Delete  
NAME **CANTER, ARTHUR**  
STREET ADDRESS **101 S CONGRESS AVE STE.,F**  
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **P** ☒ Change ☐ Addition  
NAME **CANTER, ARTHUR**  
STREET ADDRESS **1505 POINSETTIA DR STE 2**  
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-20-04 561-330-7600**