

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 APR 28 AM 10:27****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
DO NOT WRITE IN THIS SPACE.**DOCUMENT # V02167****(7)**

1. Corporation Name

MARCELLAS MY KITCHEN, INC.

Principal Place of Business

**18764 DISCAYNE BLVD
NORTH MIAMI FL 33180
US**

Mailing Address

**13895 NE 11 AVE
NORTH MIAMI FL 33161-331
US**3. Date Incorporated or Qualified
12/24/19913a. Date of Last Report
05/24/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Zip

Country

29

Zip

Country

4. FEI Number

65-0304670

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No**9. Name and Address of Current Registered Agent****AITKEN, MARCELLA
13889 W DUKE HWY
NORTH MIAMI FL 33161****10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORSTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
AITKEN, MARCELLA
13895 NW 11TH AVE
NORTH MIAMI FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
OETTING, RICHARD
1150 NE 184 TH ST
NORTH MIAMI FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP☐ Change ☐ Addition21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP☐ Change ☐ Addition31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP☐ Change ☐ Addition41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP☐ Change ☐ Addition51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP☐ Change ☐ Addition61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

4/24/95**(305) 893-
0767**