

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000135455

FILED
Mar 20, 2007
Secretary of State

Entity Name: FOODSERVERS EQUIPMENT & RECONDITIONING, INC.

Current Principal Place of Business:

1505 POINSETTIA DRIVE
SUITE 2
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1505 POINSETTIA DRIVE
SUITE 2
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 82-0581192 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STELLINO, JOSEPH
18193 CLEAR BROOK CIRCLE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STELLINO, JOSEPH
Address: 18193 CLEAR BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33498

Title: D (X) Delete
Name: STELLINO, FRANK JR
Address: 1505 POINSETTIA DRIVE SUITE 2
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH STELLINO

D

03/20/2007

Electronic Signature of Signing Officer or Director

_____ Date