


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000006111**

1. Entity Name  
 SOUTHERN RESTAURANT EQUIPMENT AND SUPPLIES, INC.



Principal Place of Business  
 2070 SCOTT AVE  
 WEST PALM BEACH, FL 33408

Mailing Address  
 2070 SCOTT AVE  
 WEST PALM BEACH, FL 33408

**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
 16-1690317 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRSCH, JEFFREY M ESQ.  
 43 SEMINOLE ST.  
 STUART, FL 34994

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MUCKLER, DANIEL
STREET ADDRESS	711 HUMMINGBIRD WAY, #203
CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
TITLE	D
NAME	VALENZIANO, SALVATORE
STREET ADDRESS	328 E. SHADYSIDE CIRCLE
CITY - ST - ZIP	WEST PALM BEACH, FL 33415
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000784808  
 01/16/08-80072-005 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1-10-08 561-887-7370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY Daytime Phone #