

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 185400 1. Entity Name GENERAL HOTEL & RESTAURANT SUPPLY CORP.	
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Principal Place of Business 13900 NW 8/2ND AVENUE MIAMI, FL 33016	Mailing Address 13900 NW 8/2ND AVENUE MIAMI, FL 33016
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0746569	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIMON, WALTER 13900 NW 82ND AVE HIALEAH, FL 33016	DO NOT WRITE IN THIS SPACE
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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 reconstituting)	DATE
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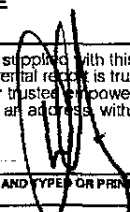
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMON, WALTER 13900 NW 82ND AVE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SIMON, JEFFREY S. 13900 NW 82ND AVE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPLES, WILLIAM 13900 NW 82ND AVE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STONE, RICHARD 13900 NW 82ND AVE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV KAUFMAN, ARTHUR 13900 NW 82ND AVE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ORTS, JOHN 13900 NW 82ND AVE MIAMI, FL 33016

**DO NOT WRITE
IN THIS SPACE**

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04/15/05-80075-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/12/05 Date	(305) 885-8651 Daytime Phone #
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