

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130224

Entity Name: W RESTAURANT SUPPLIES CORP.**Current Principal Place of Business:**412 ESPANOLA WAY
MIAMI BEACH, FL 33139**Current Mailing Address:**2121 PONCE DE LEON SUITE 1050
CORAL GABLES, FL 33134**FEI Number:** 20-3516233**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON SUITE 1050
CORAL GABLES, FL 33134 US*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**Officer/Director Detail :**

Title	P
Name	JACOBO, JOSE SIMON
Address	2121 PONCE DE LEON BLVD SUITE 1050
City-State-Zip:	CORAL GABLES FL 33134

Title	TD
Name	ARAOZ, EDUARDO
Address	412 ESPANOLA WAY
City-State-Zip:	MIAMI BEACH FL 33139

Title	VP
Name	DIB, JAMIL
Address	10350 W. BAY HARBOUR DR., PHLM
City-State-Zip:	BAY HARBOUR ISLAND FL 33154

Title	TD
Name	HURTADO, HECTOR P
Address	412 ESPANOLA WAY
City-State-Zip:	MIAMI BEACH FL 33139

I hereby 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 all other like empowered.

SIGNATURE: HECTOR HURTADO**DIRECTOR****06/29/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date