2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 23, 2007
Secretary of State

DOCUMENT# 185400

Entity Name: GENERAL HOTEL & RESTAURANT SUPPLY CORP.

Current Principal Place of Business:

13900 NW 82ND AVENUE
MIAMI, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

13900 NW 82ND AVENUE
MIAMI, FL 33016 US

New Mailing Address:

FEI Number: 59-0746569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMON, WALTER
13900 NW 82ND AVE
HIALEAH, FL 33016 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIMON, WALTER
Address: 13900 NW 82ND AVE
City-St-Zip: MIAMI, FL 33016 US

Title: VTD ( ) Delete
Name: SIMON, JEFFREY S
Address: 13900 NW 82ND AVE
City-St-Zip: MIAMI, FL 33016 US

Title: V ( ) Delete
Name: CHAPLES, WILLIAM
Address: 13900 NW 82ND AVE
City-St-Zip: MIAMI, FL 33016 US

Title: V ( ) Delete
Name: STONE, RICHARD
Address: 13900 NW 82ND AVE
City-St-Zip: MIAMI, FL 33016 US

Title: AV ( ) Delete
Name: KAUFMAN, ARTHUR
Address: 13900 NW 82ND AVE
City-St-Zip: MIAMI, FL 33016 US

Title: CFO ( ) Delete
Name: ORTS, JOHN
Address: 13900 NW 82ND AVE
City-St-Zip: MIAMI, FL 33016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: V (X) Change ( ) Addition
Name: SIMON, GLENDA M
Address: 13900 NW 82ND AVE
City-St-Zip: MIAMI, FL 33016 US

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

I hereby certify that the information supplied with this filing does not qualify 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: WALTER SIMON P 10/23/2007

Electronic Signature of Signing Officer or Director — Date