2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 185400

1. Entity Name
GENERAL HOTEL & RESTAURANT SUPPLY CORP.

Principal Place of Business	Mailing Address
13900 NW 82ND AVENUE MIAMI, FL 33016 US	13900 NW 82ND AVENUE MIAMI, FL 33016 US

04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, WALTIER
13900 NW 82ND AVE
HIALEAH, FL 33016

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000912058
05/07/08-80064-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SIMON, WALTIER
STREET ADDRESS	13900 NW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	VTD
NAME	SIMON, JEFFREY S
STREET ADDRESS	13900 NW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	V
NAME	CHAPLES, WILLIAM
STREET ADDRESS	13900 NW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	V
NAME	STONE, RICHARD
STREET ADDRESS	13900 NW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	V
NAME	SIMON, GLENDA M
STREET ADDRESS	13900 NW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33016
TITLE	CFO
NAME	ORTS, JOHN
STREET ADDRESS	13900 NW 82ND AVE
CITY-ST-ZIP	MIAMI, FL 33016

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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: WALTER SIMON 4/19/2008 (305) 885-8651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #