2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 201202

FILED Jan 31, 2009 Secretary of State

Entity Name: GENERAL HOTEL & RESTAURANT SUPPLY INT'L, INC.

Current Principal Place of Business:		New Principal Place of Business:		
13900 NW MIAMI, FL	982ND AVENU 33016 US	E		
Current Mailing Address:		New Mailing Address:		
13900 NW MIAMI, FL	82ND AVENU 33016 US	E		
FEI Number	: 59-0819139	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:
SIMON, W 13900 NW MIAMI, FL	82ND AVE			
	named entity s e of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,
	e of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,
in the State	e of Florida. * RE:	submits this statement for the place of Registered Ag		od office or registered agent, or both, Date
in the State	e of Florida. RE: Electron			
in the State SIGNATUI	e of Florida. RE: Electron	ic Signature of Registered Ag	ent	
in the State SIGNATUI	e of Florida. RE: Electron mpaign Financing S AND DIRECT	ic Signature of Registered Ag Trust Fund Contribution (). TORS: Delete N L D AVE	ent	Date
in the State SIGNATUI Election Car OFFICER: Title: Name: Address:	e of Florida. RE: Electron mpaign Financing S AND DIRECT PD () WALTER, SIMO 13900 NW 82NI HIALEAH, FL 33	ic Signature of Registered Ag Trust Fund Contribution (). FORS: Delete N L D AVE 3016 US Delete EY D AVE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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 L. SIMON PD 01/31/2009