

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

09 JAN 16 AM 10: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000006155		
1. Entity Name NEW AMSTERDAM RESTAURANT EQUIPMENT SALES & SERVICE, INC.		

Principal Place of Business 679 SOUTH OCEAN AVE. FREEPORT, NY 11520	Mailing Address 679 SOUTH OCEAN AVE. FREEPORT, NY 11520
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DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOWLEY, THOMAS
1324 PASADENA AVE, SUITE 206
SOUTH PASADENA, FL 33707**

DO NOT WRITE IN THIS SPACE

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, hand or printed name of registered agent and this if applicable. (NOTE: Registered Agent signature required when filing.)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP FOWLEY, THOMAS 679 SOUTH OCEAN AVE. FREEPORT, NY 11520
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Handwritten Signature]</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/16/09--01056--006 **150.00

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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: *[Handwritten Signature]* 1/9/09 516-868-9150
SIGNATURE AND PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR Date Daytime Phone #

[Handwritten] C. D. John