

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000000692

1. Entity Name
JETRO RESTAURANT DEPOT INC.



Principal Place of Business
15-24 132ND STREET
COLLEGE POINT, NY 11356

Mailing Address
15-24 132ND STREET
COLLEGE POINT, NY 11356

FILED
04 JUL 12 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1809929

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAX, MICHAEL
2041 N.W. 12TH AVE.
MIAMI, FL 33127

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	PD FLEISHMAN, STANLEY 15-24 132ND STREET COLLEGE POINT, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KIRSCHNER, RICHARD G 15-24 132ND STREET COLLEGE POINT, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EMMERT, BRIAN 15-24 132ND STREET COLLEGE POINT, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

500039339395
07/20/04--01011--012 **\$50.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

7-2-04 (718) 762-8700
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