
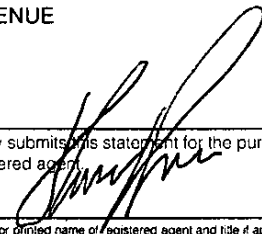
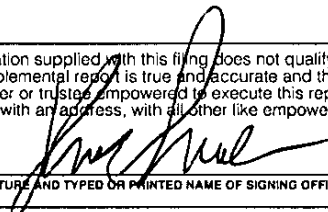


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90003 007 ***150.00

DOCUMENT # G13455 1. Entity Name AMERICAN RESTAURANT APPLIANCE, INC.					
Principal Place of Business 2620 N MIAMI AVE MIAMI, FL 33127 US			Mailing Address 12 NE 10 STREET (33132) P.O. BOX 01-2674 MIAMI, FL 33132		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 12674 Suite, Apt. #, etc.			
City & State City: MIAMI, FLORIDA		4. FEI Number 59-2261339		Applied For <input type="checkbox"/> Not Applicable	
Zip 33101		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VILCHES, TEODORO 18830 N.W. 5TH AVENUE MIAMI, FL 33169				7. Name and Address of New Registered Agent Name: TEODORO VILCHES Street Address (P.O. Box Number is Not Acceptable): 10000 SW 8 STREET City: PEMBROKE PINES FL Zip Code: 33025	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VILCHES, TEODORO 10000 SW 8 ST PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILCHES, TEODORO 10000 SW 8 ST PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 #					