

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90204 048 \*\*\*150.00

**DOCUMENT # G53208**



1. Entity Name  
**INTERNATIONAL FOODSERVICE EQUIPMENT DISTRIBUTORS, INC.**

Principal Place of Business 2421 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES, FL 33134	Mailing Address 2421 PONCE DE LEON BLVD. SUITE 1100 CORAL GABLES, FL 33134- LOMBARD, ILLINOIS 60148
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**24068703**



03012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2255194	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NAGIN, STEPHEN E**  
~~3110 S.E. FINANCIAL CENTER~~ **3225 AVIATION AVE.**  
 MIAMI, FL ~~33134-0380~~  
**33133-4741**

**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 Stephen E. Nagin DATE 4/27/04  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating) DAYTIME PHONE # 305-854-5353

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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	CD <del>SIMON, WALTER</del> <b>JERRY GREENE</b> 7300 NW 77 ST. 2215 OLD MARION ROAD MIAMI, FL 33166 MERIDIAN, MS. 39302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>BLANTON, ROBERT</del> <b>KIM GILL RIMSZA</b> LOTS 2ND AVENUE 7330 N. 16 ST. #A-310 COLUMBIA, SC 29290 PHOENIX, ARIZ. 85020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TB <del>SINGER, HENRY</del> <b>JEFFREY SIMON</b> 3030 KUTZTOWN ROAD 1101 NORTH 46 STREET READING, PA TAMPA, FL. 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: Stephen E. Nagin Chairman of Board DATE 4/23/04 DAYTIME PHONE # 601-482-7127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR