
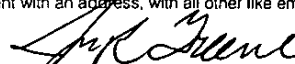


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90094 021 ***150.00

DOCUMENT # G53208					
1. Entity Name INTERNATIONAL FOODSERVICE EQUIPMENT DISTRIBUTORS, INC.					
Principal Place of Business 621 E BUTTERFIELD RD STE 207 LOMBARD, IL 60148		Mailing Address 621 E BUTTERFIELD RD STE 207 LOMBARD, IL 60148			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01312006 Chg-P CR2E034 (11/05) 4. FEI Number 59-2255194 Applied For Not Applicable	
6. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
NAGIN, STEPHEN E 3225 AVIATION AVE MIAMI, FL 33133-4741		7. Name and Address of New Registered Agent			
		Name Nagin, Stephen E			
		Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road Suite 556			
		City Miami FL 33157			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENE, JERRY	NAME	Greene, Jerry		
STREET ADDRESS	2215 OLD MARION RD	STREET ADDRESS	2215 Old Marion Rd		
CITY-ST-ZIP	MERIDIAN, MS 39302	CITY-ST-ZIP	Meridian MS 39301		
TITLE	PD <input type="checkbox"/> Delete	TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RIMSIA, KIM GILL	NAME	Rimsza, Kim Gill		
STREET ADDRESS	7330 N 16 STREET #A-310	STREET ADDRESS	1904 W. Parkside Lane Suite 100		
CITY-ST-ZIP	PHOENIX, AZ 85020	CITY-ST-ZIP	Phoenix AZ 85027		
TITLE	TB <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SIMON, JEFFREY	NAME	Ford, Bill		
STREET ADDRESS	11101 NORTH 46 STREET	STREET ADDRESS	2204 North Broadway		
CITY-ST-ZIP	TAMPA, FL 33617	CITY-ST-ZIP	St. Louis MO 63102		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		2/15/06		601-482-7127	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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