

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J93596

FILED
Jan 29, 2007
Secretary of State

Entity Name: BUDGET RESTAURANT SUPPLY, INC.

Current Principal Place of Business:

% ARTHUR ACKERMAN
4870 NW 167TH ST.
MIAMI, FL 33014 US

New Principal Place of Business:

4870 NW 167TH ST.
MIAMI, FL 33014 US

Current Mailing Address:

4870 NW 167TH ST
MIAMI, FL 33014 US

New Mailing Address:

FEI Number: 59-2847503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACKERMAN, ARTHUR
10115 SW 114TH CT
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ACKERMAN, ARTHUR,
Address: 10115 SW 114TH CT.
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: SOLOMON, JEFFREY,
Address: 10750 LISBON ST.
City-St-Zip: COOPER CITY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SOLOMON, JEFFREY,
Address: 10750 LISBON ST.
City-St-Zip: COOPER CITY, FL 33026 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY SOLOMON

V.P.

01/29/2007

Electronic Signature of Signing Officer or Director

_____ Date