


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90040 005 \*\*\*150.00

**DOCUMENT # K99466**  
 1. Entity Name  
**MIAMI RESTAURANT SUPPLIES, INC.**



Principal Place of Business      Mailing Address  
**917 N. MIAMI AVE**      **917 N. MIAMI AVE**  
**MIAMI, FL 33136**      **MIAMI, FL 33136**

2. Principal Place of Business      3. Mailing Address  
**1911 NW MIAMI COURT**      **1911 NW MIAMI COURT**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



01122006    Chg-P    CR2E034 (11/05)

City & State      City & State  
**MIAMI, FL**      **MIAMI, FL**

4. FEI Number      Applied For  
**65-0176157**      Not Applicable

Zip      Country      Zip      Country  
**33136-1315**           **33136-1315**           **\$8.75 Additional Fee Required**

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FENTON, JUAN M**  
**14755 SW 42 TERR**  
**MIAMI, FL 33185**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	FENTON, JUAN M	
STREET ADDRESS	14755 SW 42 TERR	
CITY-ST-ZIP	MIAMI, FL 33185	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Juan M Fenton*      1/19/06      (305) 377-2148  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #