## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 25, 2008 08:00 AN **DOCUMENT # P01000038934 Secretary of State** RESTAURANT VENTILATION INDUSTRIES INC Principal Place of Business Mailing Address 3330 SPANISH MOSS TERRACE, 203 3330 SPANISH MOSS TERRACE, 203 LAUDERHILL, FL 33319 US LAUDERHILL, FL 33319 US No Cha-P CR2E034 (11/05) 01222008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1122745 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINDSAY, FRANKLYN DO NOT WRITE 3330 SPANISH MOSS TERRACE, 203 LAUDERHILL, FL 33319 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, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signature required when reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE LINDSAY, FRANKLIN NAME 3330 SPANISH MOSS TERRACE, 203 STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33319 TITLE U000000837041 NAME 03/04/08-80041-010 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 officer like empowered.

SIGNATURE: =

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CONTRACTOR AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

02/21/2008

954588-170

Daytime Phone #

FILED