

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90287 025 \*\*\*150.00

40065426



01292005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000065220</b> 1. Entity Name <b>INTERNATIONAL RESTAURANT EQUIPMENT MARKETING ASSOCIATES, INC.</b>																													
Principal Place of Business <b>3355 BEARSS AVE. TAMPA, FL 33618</b>				Mailing Address <b>16528 N. Dale Mabry Hwy TAMPA, FL 33618</b>																									
2. Principal Place of Business <b>16528 N. Dale Mabry Hwy</b> Suite, Apt. #, etc.		3. Mailing Address <b>16528 N. Dale Mabry Hwy</b> Suite, Apt. #, etc.		4. FEI Number <b>59-3731474</b> Applied For <input type="checkbox"/> Not Applicable																									
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>																											
Zip <b>33618</b>		Zip <b>33618</b>																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>SANDERS, WALTER</b> <b>3355 BEARSS AVE. TAMPA, FL 33618</b>																									
7. Name and Address of New Registered Agent Name <b>Sanders, Walter</b> Street Address (P.O. Box Number is Not Acceptable) <b>16528 N. Dale Mabry Hwy</b> City <b>Tampa</b>																													
State <b>FL</b>																													
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 <u>Walter Sanders</u> <u>Walter Sanders</u> <u>2/20/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div>         9. Election Campaign Financing          Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> </div> </div>																													
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SANDERS, WALTER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3355 BEARSS AVE. 16528 N Dale Mabry Hwy</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAMPA, FL 33618</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Sanders, Walter</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16528 N. Dale Mabry Hwy</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Tampa, FL 33618</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	SANDERS, WALTER		STREET ADDRESS	3355 BEARSS AVE. 16528 N Dale Mabry Hwy		CITY- ST- ZIP	TAMPA, FL 33618		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Sanders, Walter		STREET ADDRESS	16528 N. Dale Mabry Hwy		CITY- ST- ZIP	Tampa, FL 33618	
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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: <u>Walter Sanders</u> <u>Walter Sanders</u> <u>4/20/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													