2004 FOR PROFIT CORPORATION

May 26, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000027156 05-26-2004 90005 004 ***150.00 1. Entity Name NATIONWIDE REFRESHMENT SERVICES, INC. Principal Place of Business Mailing Address 3700 ISLAND BOULEVARD, SUITE 408 3700 ISLAND BOULEVARD, SUITE 408 AVENTURA, FL 33160 AVENTURA, FL 33160: 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03122003 Chg-P CR2E034 (10/03) 4. FEI Number City & State Applied For City & State 57-1154776 Not Applicable Country Zip \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARNOWITZ, DAVID Street Address (P.O. Box Number is Not Acceptable) 3700 ISLAND BOULEVARD, SUITE 408 AVENTURA, FL 33160 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE NAME ARNOWITZ, DAVID NAME 3700 ISLAND BOULEVARD, SUITE 408 STREET ADDRESS STREET ADDRESS AVENTURA, FL 33160 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ___ Delete TITLE NAME " NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete THTLE TITLE NAME NAME

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 µ changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THEE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

AHachment



4404604

IMBER & COMPANY

Certified Public Accountants

1031 North Miami Beach Boulevard North Miami Beach, Florida 33162 Phone: (305) 949-8361

(800) 829-3279

Fax: (305) 956-5131

Email: imber@imberandcompany.com

May 24, 2004

Division of Corporations

P.O. Box 1500

Tallahassee, Florida 32302-1500

Re:

Nationwide Refreshment Services, Inc.

Employer ID # 57-1154776

Dear Sir or Madam:

Enclosed please find the 2004 For Profit Corporation Annual Report and check for \$150 in payment thereof for the above-referenced taxpayer. We are requesting that you accept the \$150 and not the \$550 fee for the following reason: the building in which taxpayer is located has been having serious problems with mail delivery and taxpayer never received notice to file the Annual Report. As this is the first filing for this corporation, we would appreciate your acceptance of this payment of \$150.

Thanking you in advance for your consideration in this matter.

Very truly yours,

IMBER & COMPANY

Barry A. 1mber

Certified Public Accountant

BAlirel

Enclosures

cc: David-Arnowitz