


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90068 008 ***150.00

DOCUMENT # P03000142772 1. Entity Name AMERICAN RESTAURANT DEPOT, INC.					
Principal Place of Business 13735 DOUBLE TREE TRAIL WELLINGTON, FL 33414 US			Mailing Address 13735 DOUBLE TREE TRAIL WELLINGTON, FL 33414 US		
2. Principal Place of Business - No P.O. Box # 13955 SW 144th St.		3. Mailing Address 13955 SW 144th St.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, Florida		City & State Miami Florida		4. FEI Number 20-0437529	
Zip 33186		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33186		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WERBLE, STEVEN CPA,CVA 300 NW 70TH AVE SUITE 200 PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name Monseratt Dashwood Street Address (P.O. Box Number is Not Acceptable) 13735 Doubletree Trail City Wellington State FL Zip Code 33414	
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 Monseratt Dashwood DATE April 04, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DASHWOOD, MONSERRATT 13735 DOUBLETREE TR WELLINGTON, FL 33414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Monseratt Dashwood <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 04/04/08 Daytime Phone # 305-4323046		

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