FILED
May 26, 2005 8:00 am
Secretary of State
04-25-2005 90304 039 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000075640

1. Entity Name
NELSON CATERING AND SUPPLY INC.

66019228

Principal Place of Business	Mailing Address
4880 DISTRIBUTION CT UNIT 8 ORLANDO, FL 32822	4880 DISTRIBUTION CT UNIT 8 ORLANDO, FL 32822

02262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4880 B Distribution CT Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, Fl	City & State
Zip: 32822 Country: Orange	Zip / Country

4. FEI Number 34-1992700 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUNER, YANDI Director
4880 DISTRIBUTION CT UNIT 8
ORLANDO, FL 32822

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SUNER, NELSON 4880 DISTRIBUTION CT UNIT 8 ORLANDO, FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SUNER, MARIA 4880 DISTRIBUTION CT UNIT 8 ORLANDO, FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TESORERO - LILIANA SUNER 4880 DISTRIBUTION CT UNIT 8 ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR - YANDI SUNER 4880 DISTRIBUTION CT UNIT 8 ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN - ANDRIS SUNER 4880 DISTRIBUTION CT UNIT 8 ORLANDO FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ 04/19/05 407282 0173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #