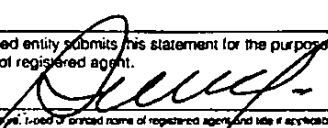
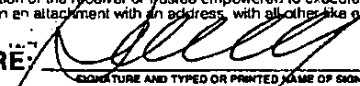


FILED
May 26, 2005 8:00 am
Secretary of State

04-25-2005 90304 039 ***158.75

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000075640			
1. Entity Name NELSON CATERING AND SUPPLY INC.			
Principal Place of Business 4880 DISTRIBUTION CT UNIT 8 ORLANDO, FL 32822		Mailing Address 4880 DISTRIBUTION CT UNIT 8 ORLANDO, FL 32822	
2. Principal Place of Business 4880 Distribution Ct. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32822		Country Orange	
4. FEI Number 34-199270		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SUNER, YANDI 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: I used or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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: PD NAME: SUNER, NELSON STREET ADDRESS: 4880 DISTRIBUTION CT UNIT 8 CITY-ST-ZIP: ORLANDO, FL 32822		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: V NAME: SUNER, MARIA STREET ADDRESS: 4880 DISTRIBUTION CT UNIT 8 CITY-ST-ZIP: ORLANDO, FL 32822		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: TESORERO - NAME: LILIANA SUNER STREET ADDRESS: 4880 DISTRIBUTION CT UNIT 8 CITY-ST-ZIP: ORLANDO, FL 32822		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: DIRECTOR - NAME: YANDI SUNER STREET ADDRESS: 4880 DISTRIBUTION CT UNIT 8 CITY-ST-ZIP: ORLANDO, FL 32822		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: CHAIRMAN - NAME: ANDRIS SUNER STREET ADDRESS: 4880 DISTRIBUTION CT UNIT 8 CITY-ST-ZIP: ORLANDO, FL 32822		TITLE: ☐ Change ☐ Addition 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 applied 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 #	