

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90831 009 ***150.00

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DOCUMENT # P05000024516 1. Entity Name NICK'S RESTAURANT EQUIPMENT, INC.					
Principal Place of Business 4654 PERTH ROAD #A WEST PALM BEACH, FL 33415			Mailing Address 4654 PERTH ROAD #A WEST PALM BEACH, FL 33415		
2. Principal Place of Business - No P.O. Box # 5040 EL CLARO CIR		3. Mailing Address 5040 EL CLARO CIR RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL		4. FEI Number 20-2364263	
Zip 33415		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENAO, CARLOS M 4654 PERTH ROAD #A WEST PALM BEACH, FL 33415			7. Name and Address of New Registered Agent Name: LUZ LONDONO Street Address (P.O. Box Number is Not Acceptable): 5040 EL CLARO CIR RD City: WEST PALM BEACH FL Zip Code: 33415		
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>LUZ LONDONO</u> DATE: <u>4/27/07</u> <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, 2007 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	D HENAO, CARLOS M <input checked="" type="checkbox"/> Delete 4654 PERTH ROAD #A WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LONDONO, LUZ <input type="checkbox"/> Delete 5040 EL CLARO CIRCLE ROAD WEST PALM BEACH, FL 33415		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>LUZ LONDONO</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/28/07</u> <small>Daytime Phone #</small>		