

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130224

FILED  
Feb 13, 2008  
Secretary of State

Entity Name: W RESTAURANT SUPPLIES CORP.

**Current Principal Place of Business:**

1436 DREXEL AVENUE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON SUITE 1050  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 20-3516233      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONSULTING SERVICES OF SOUTH FLORIDA, INC.  
2121 PONCE DE LEON SUITE 1050  
CORAL GABLES, FL 33134      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: JACOBO, JOSE S  
Address: 1436 DREXEL AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD ( ) Delete  
Name: DIB, JAMIL  
Address: 1436 DREXEL AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD ( ) Delete  
Name: ARAOZ, EDUARDO  
Address: 1436 DREXEL AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD ( ) Delete  
Name: HURTADO, HECTOR  
Address: 1436 DREXEL AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE S. JACOBO

PSD

02/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date