2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Feb 12, 2008 8:00 am Secretary of State 02-12-2008 90022 040 ***150.00

Daytime Phone #

1. Entity Name NORMAN'S RESTAURANT EQUIPMENTS REPAIR, INC.						02-12-2006	3 90022	040 1	30.00
Principal Place	o of Business ST PEMBROKE ROAD BAY 649	Mailing Address PO BOX 681088							
	PARK, FL 33009	N MIAMI, FL 33168			 	L 98711 1887L 98711 9810 891	II 88118 61141 BE	ini ha ini keti eli	
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01212008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEMOUND	er 0228	690	<i>'</i>	pplied For ot Applicable
Zip			Coun	try	7.1	of Status Desired	. 🗆	\$8.75 Add Fee Require	ditional d
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
EBANKS, NORMAN P 3140 SW 19 ST PEMBROKE ROAD BAY 649 PEMBROKE PARK, FL 33009				Street Address (P.O. Box Number is Not Acceptable)					
) ·		City				FL	Zip Code	θ
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	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature required	d when reinstating)		DATE		\
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 7. Election Campaign Finant Trust Fund Contribution.					.00 May Be led to Fees				
10.	OFFICERS AND DIRECTORS 11				ADDITIONS	/CHANGES TO OFF	ICERS AND		
TITLE NAME	P Delete IIII			1				☐ Change	☐ Addition
STREET ADDRESS	3140 SW 19 ST PEMBROKE RO			ET ADDRESS					
CITY-ST-ZIP	ST-ZIP PEMBROKE PARK, FL 33009		CITY-	-ST-ZIP		- 1100 Mark 100 - 11			
TITLE	_ 555.0		TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAMI STRE	E Et address					
CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
STREET ADDRESS	Company was a market a		NAM STRE	ET ADDRESS .					Ì
CITY-ST-ZIF -			CITY	-ST-ZIP				·	
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NAME			NAM	E ET ADDRESS					i
STREET ADORESS CITY-ST-ZIP				-ST-ZIP					
TITLE		☐ Delete	TITLE	<u> </u>	****			☐ Change	Addition
NAME			NAM	Ε					
STREET ADDRESS	,			ET ADDRESS					l
CITY-ST-ZIP			-1-	-ST-ZIP			•	☐ Change	☐ Addition
TITLE NAME		Delete	TITLE	•					
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
12. I hereby of indicated of the corphanged.	certify that the information supplied wit on this report or supplemental report in poration or the receiver or trusted one or on an attachment with an adoless.	n this filing does not qualify for strue and accurate and that expered to execute this report with all ether like empowered	or the exe my signa t as requi	emptions contained ture shall have the gred by Chapter 60	d in Chapter 11 same legal effe 7, Florida Statut	 Florida Statutes. I ect as if made under es; and that my nam 	further cer oath; that I le appears	am an officer in Block 10 o	mormation r or director r Block 11 if