2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2006 8:00 am Secretary of State

DOCUMENT P94000083446 1. Entity Name FLORIDA RESTAURANT EQUIPMENT PROFESSIONALS, INC.						03-10-2006	90016 023 ***	150.00
Principal Place of Business PO BOX 270056 TAMPA, FL 33688		Mailing Address 16528 N. DALE MABRY HWY TAMPA, FL 33618 US			1.152(152) 1.11		50001	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112006	Chg-P	CR2E034 (11/0	5)
City & State		City & State		4. FEI Number 59-327			Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired	□ \$8.75 Fee Requ	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Agent	
				Name				
SANDERS, WALTER 16528 N. DALE MABRY HWY TAMAPA, FL 33618				Street Address (P.O. Box Number is Not Acceptable)				
	. 2 333.0			City			— 2 in C	'oda
				,	FL Zip Code			
the obligati	named entity submits this statement for ions of registered ageryl. Matter and Signature, typed or prited name of registered agent	- W	a Her	San	deus_ required when reinstating)	in, withing State of the	2/2/04 DATE	
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Camp Trust Fund Cor		naing	\$5.00 May Be Added to Fees			
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550. OFFICERS AND	.00 Trust Fund Col			Added to Fees	CHANGES TO OFF	TICERS AND DIRECT	ORS IN 11
After Ma	officers and	.00 Trust Fund Col	ntribution.		Added to Fees	CHANGES TO OFF	FICERS AND DIRECT	
After Ma 10. TITLE NAME	OFFICERS AND DP DE MATUS, DENNIS M	DIRECTORS	11.	E E	Added to Fees	CHANGES TO OFF		
10. TITLE NAME STREET ADDRESS	OFFICERS AND OFFICERS AND DP DE MATUS, DENNIS M 4305 BEAU RIVAGE	DIRECTORS	11. TITU NAM STRE	E IE EET ADDRESS	Added to Fees	CHANGES TO OFF		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFICERS AND DP DE MATUS, DENNIS M 4305 BEAU RIVAGE LUTZ, FL 33558	Trust Fund Col	11. TITU NAM STRI	E IE EET ADDRESS -ST-ZIP	Added to Fees	CHANGES TO OFF	☐ Chan	ge Addition
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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

Daytime Phone #