2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000056536

1. Entity Name

FLORIDA'S FOOD EQUIPMENT DISTRIBUTOR, INC.



Principal Place of Business

2968 RAVENSWOOD ROAD

SUITE 111

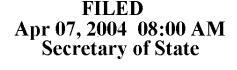
FORT LAUDERDALE, FL 33312

Mailing Address

2968 RAVENSWOOD ROAD

SUITE 111

FORT LAUDERDALE, FL 33312





01162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0226529 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132

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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 it applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000105466 04/07/04-80027-010 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEITCH, JAMES 2968 RAVENSWOOD ROAD SUITE 1 FORT LAUDERDALE, FL 33312	11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VEITCH, JOHN 2968 RAVENSWOOD ROAD SUITE 111 FORT LAUDERDALE, FL 33312					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MALONEY, TOM 2968 RAVENSWOOD ROAD SUITE 1 FORT LAUDERDALE, FL 33312	11	-	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	S MALONEY, JAMES 2968 RAVENSWOOD ROAD SUITE 111 FORT LAUDERDALE, FL 33312			IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP				.,		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 of the receiver or divise empowered to exaculte 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: X

NAME STREET ADORESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #