2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000058133

1. Entity Name

UNITED KITCHEN & EQUIPMENT, INC.



Principal Place of Business

2706 NW 29TH TERRACE

BLDG #13

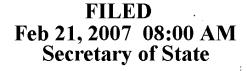
OAKLAND PARK, FL 33311

Mailing Address

2706 NW 29TH TERRACE

BLDG #13

OAKLAND PARK, FL 33311





01112007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0846176 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORVELUS, AGNES 2112 CYPRESS BEND DRIVE SOUTH #602 POMPANO BEACH, FL 33069

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 The above named entity submits this statem the obligations of registered agent. 	ent for the purpose of changing its registered office or registered agent, o	r both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registere	d agent and title if applicable (NOTE: Registered Agent signature required when reinstating	g) DATE
FILE NOW!!! FEE IS \$150.0 After May 1, 2007 Fee will be \$. U00000641628 03/01/07-80008-001 150.00
10. OFFICERS	AND DIRECTORS	

10.	OFFICERS AND DIRECTORS	
TITLE NAME STREET ADORESS CITY-ST-ZIP	P YANG, WEI 2706 NW 29TH TERRACE BLDG. #13 OAKLAND PARK, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUAN LU, RUI 2706 NW 29TH TERR, BLDG #13 OAKLAND PARK, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NORVELUS, ANGES Y 2706 NW 29TH TERR, BLDG #13 OAKLAND PARK, FL 33311	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
12 I hereby r	certify that the information supplied with this filling does not qualify for the eve	

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12. I hereby certify that the information supplied with this filling 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

454-461-7272