2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000058133

1. Entity Name

UNITED KITCHEN & EQUIPMENT, INC.



FILED Apr 18, 2008 8:00 am Secretary of State

04-18-2008 90051 009 ***150.00

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



01082008

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

AGNES

2706 NW 29TH TERR, BLDG #13

OAKLAND PARK, FL 33311

NORVELUS, ANGEOY

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent. Signature, typed or printed name of registered agent and title it		•••	registered agent, or by	 I am familiar with, and accep
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.		TORS			 1
TITLE NAME STREET ADDRESS 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			÷ .	

DO NOT WRITE IN THIS SPACE

12. 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

NAME

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

xany Wer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oavtime Phone #