

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000101393

**FILED  
Mar 29, 2007  
Secretary of State**

**Entity Name:** MIAMI RESTAURANT EQUIPMENT REPAIR, INC.

**Current Principal Place of Business:**

650 NW 123RD STREET  
N. MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

650 NW 123RD STREET  
N. MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:** 65-0882114      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EBANKS, NORMAN P  
650 NW 123RD STREET  
N. MIAMI, FL 33168      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: EBANKS, NORMAN P  
Address: 650 NW 123RD STREET  
City-St-Zip: N. MIAMI, FL 33168

Title: VP      ( ) Delete  
Name: RAJA, JENNIFER  
Address: 650 NW 123RD ST  
City-St-Zip: MIAMI, FL 33168

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: RAJA, ZARINA  
Address: 650 NW 123 STREET  
City-St-Zip: MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN P EBANKS

P

03/29/2007

Electronic Signature of Signing Officer or Director

Date