2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000050929

ABC RESTAURANT WORLD SUPPLIES & EQUIPMENT, INC.



FILED Jul 20, 2004 8:00 am Secretary of State 07-20-2004 90045 001 ***450.00

Principal Place of Business Mailing Address 66430277 11098 BISCAYNE BOULEVARD 11098 BISCAYNE BOULEVARD SUITE 405 SUITE 405 MIAMI, FL 33161 MIAMI, FL 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABRAMSON, IRENE E Street Address (P.O. Box Number is Not Acceptable) 11098 BISCAYNE BOULEVARD **SUITE 405** MIAMI, FL 33161 1 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registerod Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PVST** TITLE ☐ Addition ☐ Dolete ABRAMSON, IRENE E NAME NAME STREET ADDRESS STREET ADDRESS 11098 BISCAYNE BOULEVARD MIAMI, FL 33161 CHY-S1-ZIP CHY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.

de am son Irene Abramson 7/4/04 305 892 1150 SIGNATURE:

Providing Comprehensive Service For The Food Industry

Restaurants, Bars, Bakeries, Cafeterias, Delicatessens, Food Markets, Pizzerias

SPECIALIZING IN WALK-IN REFRIGERATION

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this is about the 5th year in a Row week have not received Animal Report Fams to Fill out and returns.

Per telephone comment me are sending you the 3 hours which were received today plus the ded which was previously sont when we received the 3 portrad,

CAN YOU PLEASE CHECO TO SEE WAY