


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90238 036 ***150.00

DOCUMENT # 346457					
1. Entity Name TEXAS SUPPLY, INC.					
Principal Place of Business 5523 NW 161ST ST MIAMI FL 33014 US			Mailing Address 5523 NW 161ST ST MIAMI FL 33014 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1267513	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZISQUIT, FRED 950 NE 2ND AVE MIAMI FL 33132			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP <input type="checkbox"/> Delete	TITLE	President / Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEISS, IRWIN	NAME	WEISS, IRWIN		
STREET ADDRESS	950 N.E. 2ND AVE.	STREET ADDRESS	5523 NW 161 street		
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami Florida 33014		
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZISQUIT, DEBRA	NAME			
STREET ADDRESS	950 N.E. 2ND AVE.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	Vice President / Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEISS, ELLEN	NAME	Weiss Ellen		
STREET ADDRESS	950 N.E. 2ND AVE.	STREET ADDRESS	5523 NW 161 street		
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami Florida 33014		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZISQUIT, JUDD	NAME			
STREET ADDRESS	950 N.E. 2ND AVE.	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u>Irwin Weiss</u>			Date: <u>4/20/04</u>		Daytime Phone #: <u>305-6265900</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>