## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000027501

Name:

Address:

City-St-Zip:

FIGUEIRA, JACINTO G

16352 NW 22 STREET

PEMBROKE PINES, FL 33028

FILED Jan 06, 2004 Secretary of State

2001		2000027001					ocorciary or otate	
Entity Nar	ne: THE SU	IPPLY HOUSE IN	TERNATIONA	L, INC.				
Current Principal Place of Business:					New Principal Place of Business:			
7204 NW 7 MIAMI, FL	79 TERRACE 33166	•						
Current Mailing Address:					New Mailing Address:			
7204 NW 7 MIAMI, FL	79 TERRACE 33166	<u>:</u>						
FEI Number:	04-3637047	FEI Number Ap <sub>l</sub>	olied For()	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registe	red Agent:		Name and	Address	s of New Registered Agent:	
DELGADO, PEDRO P CPA 1320 SOUTH DIXIE HIGHWAY SUITE 220 MIAMI, FL 33146					DELGADO, PEDRO P CPA 1320 SOUTH DIXIE HIGHWAY SUITE 901 MIAMI, FL 33146			
	named entity of Florida.	submits this state	ement for the p	ourpose o	f changing i	ts registe	red office or registered agent, or both,	
SIGNATURE:					01/06/2004			
	Electro	onic Signature of F	Registered Age	ent			Date	
Election Car	npaign Financi	ng Trust Fund Conti	ribution ( ).					
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S ( FIGUEIRA, FE 9431 SW 151 MIAMI, FL 33	AVENUE			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KIRK, HOWAI 15431 NW 14				Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	Р (	) Delete			Title <sup>.</sup>	P	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

FIGUEIRA, JACINTO G

16401 NW 13 STREET

PEMBROKE PINES, FL 33028

SIGNATURE: HOWARD KIRK V 01/06/2004