# Ζ

Electronic Signature of Signing Officer/Director Detail

## 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000051463

Entity Name: SUPPLY 220, INC

# **Current Principal Place of Business:**

6095 NW 167TH ST SUITE D3 MIAMI, FL 33015

#### **Current Mailing Address:**

6095 NW 167TH ST SUITE D3 MIAMI, FL 33015

## FEI Number: 46-2982757

## Name and Address of Current Registered Agent:

GOMEZ, JOSE M 6095 NW 167TH ST SUITE D3 MIAMI, FL 33015 US

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

#### **Officer/Director Detail :**

Title	DP	Title	DVP
Name	GOMEZ, JOSE M	Name	GARCIA, CARLOS A
Address	2611 SW 120TH TER	Address	3800 HILLCREST DR. UNIT 1020
City-State-Zip:	MIRAMAR FL 33025	City-State-Zip:	HOLLYWOOD FL 33021

02/10/2015 PRESIDENT

FILED Feb 10, 2015 Secretary of State CC0272786965

Certificate of Status Desired: No

I hereby 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 all other like empowered.

SIGNATURE: JOSE M GOME
------------------------

Date

Date