## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 129186** 

FARREY'S, WHOLESALE HARDWARE CO., INC.



**FILED** Feb 22, 2008 08:00 AN **Secretary of State** 

Principal Place of Business

1850 NE 146 ST P. O. BOX 619500 N MIAMI, FL 33261-9500 US Mailing Address

1850 NE 146 ST P. O. BOX 619500 N MIAMI, FL 33261-9500 US



DO NOT WRITE IN THIS SPACE

01312008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-0238860 Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

FARREY, JOHN 1850 N.E. 146TH STREET P.O. BOX 601205 MIAMI, FL 33160

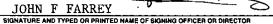
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	named entity submits this statement for the $\rho$ ions of registered agent.	surpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Flor	ida. I am familiar	with, and accept
SIGNATURE				gent signature required when rounstating) DAYE			
FILE NOWII! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U000008 02/29/08-8	335106 30021-010	150.00
10.	OFFICERS AND DIREC	TORS	Charles of	Salar State Control of	how in the contract	Maria Maria	Sall Sept As
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARREY, J F 1315 BAY TERRACE N BAY VILLAGE, FL			And the second s			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FARREY, F X, JR 7260 MIAMI LAKEWAY MIAMI LAKES, FL			Mark 12 Carolina			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARMOL, ANA A 1541 BRICKELL AVE, C909 MIAMI, FL			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN The state of th	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY+ST-7IP							

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JOHN F FARREY



2/20/2008

305-947-5451

Davime Phone #