


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90409 039 ***150.00

DOCUMENT # 255305 1. Entity Name CHEM-TEX SUPPLY CORPORATION	
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Principal Place of Business 3901 NW 115 AVE MIAMI, FL 33178 US	Mailing Address 3901 NW 115 AVE MIAMI, FL 33178 US
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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

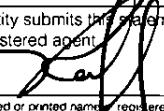
4. FEI Number 59-1055281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NAMOFF, ROBERT
3901 NW 115TH AVE
MIAMI, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when reinstating) DATE

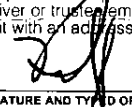
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERMAN, DAVID M
STREET ADDRESS	8050 SW 86TH TERR
CITY - ST - ZIP	MIAMI, FL
TITLE	D
NAME	RUBIN, BERNICE
STREET ADDRESS	13740 S. W. 82ND AVE.
CITY - ST - ZIP	MIAMI, FL
TITLE	PD
NAME	RUBIN, RONALD
STREET ADDRESS	13550 SW 61 CT
CITY - ST - ZIP	MIAMI, FL 33156
TITLE	D
NAME	NAMOFF, BOB
STREET ADDRESS	9440 SW 140 ST
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	PD
NAME	JIM PALMER
STREET ADDRESS	3901 NW 115 AVE
CITY - ST - ZIP	MIAMI, FL 33178
TITLE	TD
NAME	MICHAEL KOVEN
STREET ADDRESS	3901 NW 115 AVE
CITY - ST - ZIP	MIAMI, FL 33178

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IN THIS SPACE**

12. I hereby 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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #