

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 255305

FILED  
Feb 01, 2010  
Secretary of State

**Entity Name:** CHEM-TEX SUPPLY CORPORATION

**Current Principal Place of Business:**

3901 NW 115 AVE  
MIAMI, FL 33178 US

**New Principal Place of Business:**

**Current Mailing Address:**

3901 NW 115 AVE  
MIAMI, FL 33178 US

**New Mailing Address:**

**FEI Number:** 59-1055281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** BERMAN, DAVID M  
**Address:** 8050 SW 86TH TERR  
**City-St-Zip:** MIAMI, FL

**Title:** SD  
**Name:** RUBIN, RONALD  
**Address:** 9100 S. DADELAND BLVD. STE. 1600  
**City-St-Zip:** MIAMI, FL 33156

**Title:** CD  
**Name:** NAMOFF, BOB  
**Address:** 9440 SW 140 ST  
**City-St-Zip:** MIAMI, FL 33176

**Title:** PD  
**Name:** PALMER, JIM  
**Address:** 3901 NW 115 AVE  
**City-St-Zip:** MIAMI, FL 33178

**Title:** TD  
**Name:** KOVEN, MICHAEL  
**Address:** 3901 NW 115 AVE  
**City-St-Zip:** MIAMI, FL 33178

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:** DAVID M BERMAN

D

02/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date