

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 258956

1. Entity Name
FLORIDA LEATHER SUPPLY, INC.



Principal Place of Business
1040 SW 8TH ST.
MIAMI, FL 33130 US

Mailing Address
1040 SW 8TH ST.
MIAMI, FL 33130 US

FILED

2007 SEP 17 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0969910

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTILLO, MAURICIO
1040 S.W. 8TH ST.
MIAMI, FL 33130

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CASTILLO, MAURICIO
STREET ADDRESS	1040 S.W. 8TH ST.
CITY - ST - ZIP	MIAMI, FL 33130
TITLE	VS
NAME	MALER, SANDRA
STREET ADDRESS	1040 SW 8TH ST.
CITY - ST - ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

900109524729
09/17/07--01047--024 **150.00

**DO NOT WRITE
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 #

SANDRA MACER

07.11.07

305.
856.0021

9/18/07