

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 490972

1. Entity Name
INTERNATIONAL ENGINEERING SUPPLY, INC.



Principal Place of Business Mailing Address
P.O. BOX 140193 P.O. BOX 140193
ORAL GABLES, FL 33114 ORAL GABLES, FL 33114



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1669080 Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, RODOLFO A.
2001 SEGOVIA STREET
CORAL GABLES, FL 33134

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

U00000325920
04/23/05-80036-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	SUAREZ, RODOLFO A
STREET ADDRESS	2001 SEGOVIA STREET
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VS
NAME	SUAREZ, ALMA C.
STREET ADDRESS	2001 SEGOVIA STREET
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

Rodolfo A. Suarez *4/23/05* *305-740-7700*