2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attacinment with an address, with all other like empowered.

SIGNATURE

FILED Feb 21, 2004 08:00 AM Secretary of State **DOCUMENT # 572283** 1. Entity Name ALEX JANITOR INDUSTRIAL SUPPLY CORP. Mailing Address Principal Place of Business 1553 N.W. 28TH STREET MIAMI FL 33142 1553 N.W. 28TH STREET MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-1920862 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TELLEZ, JOSE A 9405 W. FLAGLER ST. Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33134** Zip Code City 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 regretered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition TITLE Change TITLE ☐ Delete NAME TELLEZ, JOSE A. MAME ----U00000060497 STREET ADDRESS STREET ADDRESS 9405 W. FLAGLER ST. 02/23/04-80042-005 150.00 MIAMI FL CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete THLE Chance TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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