## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** Apr 07, 2008 08:00 A Secretary of State DOCUMENT # F58504 REMATIRE SUPPLY, INC. Principal Place of Business Mailing Address 8438 NW 56TH ST 8438 NW 56TH ST MIAMI, FL 33166 MIAMI, FL 33166 US 01242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2150688 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARCIA, GUILLERMO DO NOT WRITE 3660 SW 109TH AVE MIAMI, FL 33165 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 reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GARCIA, GUILLERMO NAME STREET ADDRESS 8438 NW 56TH ST H00000884731 CITY-ST-ZIP MIAMI, FL 33166 STD TITLE GARCIA, JORGE NAME STREET ADDRESS 8438 NW 56TH ST MIAMI, FL 33166 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 suppliemental 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.

L.

NAME STREET ADDRESS CITY-ST-ZI

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #