

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F71677

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: THE SUPPLY HOUSE, INC.

**Current Principal Place of Business:**

7204 NW 79 TERR  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7204 NW 79 TERR  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 59-2087914

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FIGUEIRA, FERNANDO  
7204 NW 79TH TERRACE  
MIAMI, FL 33166 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: PD ( ) Delete  
Name: FIGUEIRA, FERNANDO  
Address: 7204 NW 79TH TERR  
City-St-Zip: MIAMI, FL 33166

Title: V ( ) Delete  
Name: FIGUEIRA, FERNANDO A  
Address: 9431 S.W. 151ST AVE  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FERNANDO FIGUEIRA

V

01/06/2004

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

\_\_\_\_\_  
Date