FILED
Apr 09, 2007
Secretary o

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M41734

1. Entity Name
AMERICAN WAREHOUSE SUPPLY, INC.

Principal Place of Business	Mailing Address
1211 NW 93 COURT MIAMI, FL 33172 US	9192 CORAL WAY SUITE 201 MIAMI, FL 33165 US

03212007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

4. FEI Number
59-2737421

Applied For
Not Applic

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

6. Name and Address of Current Registered Agent

MARTINEZ, ANTONIO
1211 NW 93 COURT
MIAMI, FL 33172

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 the obligations of registered agent

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

OFFICERS AND DIRECTORS

10.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MARTINEZ, ANTONIO 1211 NW 93 COURT MIAMI, FL 33172	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ANTONIO 1225 NW 93 COURT MIAMI, FL 33172	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARTINEZ, CASILDA 1211 NW 93 COURT MIAMI, FL 33172	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ☐ Change

11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Ch
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000695811 04/17/07-80075-0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statute indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made ur of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that m changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Antonio Martinez (Antonio MARTINEZ) 3/28/
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date