2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M72968

1. Entity Name
SIM-TEX INDUSTRIES, INC.

Principal Place of Business	Mailing Address
6848 NW 77 CT	6848 NW 77 CT
MIAMI, FL 33166 US	MIAMI, FL 33166 US

54021458

03182004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0069340	Not Applicable

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

6. Name and Address of Current Registered Agent

CHAI, AMAL
6848 NW 77TH COURT
MIAMI, FL 33166

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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, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PDT
NAME	SIMMONS, JOSEPH
STREET ADDRESS	6848 NW 77TH CT
CITY-ST-ZIP	MIAMI, FL

TITLE	DSV
NAME	SIMMONS, JACQUELINE
STREET ADDRESS	6848 NW 77TH CT
CITY-ST-ZIP	MIAMI, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Amal Chai_ Amal Chai   3/18/04   305.477.2256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #