

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90113 001 ***150.00

DOCUMENT # P00000019302 1. Entity Name FLORIDA INDUSTRIAL SUPPLY AND SERVICE CORP.		02-07-2005 90113 002 *****8.75 02-07-2005 90113 001 ***150.00																									
Principal Place of Business 19656 N.W. 62ND AVENUE MIAMI, FL 33015-4818		Mailing Address 19656 N.W. 62ND AVENUE MIAMI, FL 33015-4818																									
2. Principal Place of Business 158 Lakeview Dr. Suite, Apt. #, etc. Apt. 203 City & State Weston, FL Zip 33326 Country USA		3. Mailing Address 158 Lakeview Dr. Suite, Apt. #, etc. Apt. 203 City & State Weston, FL Zip 33326 Country USA																									
6. Name and Address of Current Registered Agent BORGEN, LUIS A 19656 N.W. 62ND AVENUE MIAMI, FL 33015-4818		7. Name and Address of New Registered Agent Name BORGEN, LUIS A Street Address (P.O. Box Number is Not Acceptable) 158 Lakeview Dr. Apt. 203 City Weston FL Zip Code 33326																									
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: <i>[Signature]</i> 2-4-2005 <small>Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
<table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;">10. OFFICERS AND DIRECTORS</td><td colspan="2" style="text-align: center;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</td></tr><tr><td style="width:50%; vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:50%; vertical-align: top;">P BORGEN, LUIS A 19656 NW 62 AVE HIALEAH, FL 33015 <input type="checkbox"/> Delete</td><td style="width:50%; vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:50%; vertical-align: top;">P Borgen, Luis A. 158 Lakeview Dr. Apt. 203 Weston, FL 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Delete</td><td style="vertical-align: top;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="vertical-align: top;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr></table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BORGEN, LUIS A 19656 NW 62 AVE HIALEAH, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Borgen, Luis A. 158 Lakeview Dr. Apt. 203 Weston, FL 33326 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> Borgen, Luis A (P) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-4-2005 (786) 512 0979 <small>Date Daytime Phone #</small>																									