

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90063 011 ***150.00

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1. Entity Name

SUPPLY SPECIALISTS, INC.



Principal Place of Business

3733 N.E. 208TH ST.
AVENTURA FL 33180

Mailing Address

3733 N.E. 208TH ST.
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1026277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, RONALD
3733 N.E. 208TH ST.
AVENTURA FL 33180

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 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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MOORE, JONATHAN
STREET ADDRESS 720 HERITAGE WAY
CITY-ST-ZIP WESTON FL 33326

TITLE VP ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME FREEMAN, RONALD
STREET ADDRESS 3733 NE 208 ST
CITY-ST-ZIP AVENTURA FL 33180

TITLE P ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME DOMBROWSKI, LORI
STREET ADDRESS 3733 NE 208TH STREET
CITY-ST-ZIP AVENTURA FL 33180

TITLE T ☐ Change ☒ Addition
NAME ANNE FREEMAN
STREET ADDRESS 3733 N.E. 208th St
CITY-ST-ZIP AVENTURA, FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/05 954322 3736