2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90341 040 ***150.00

DOCUMENT # P00000094847

1. Entity Name
FRANBARDI SUPPLIES, INC.

50040261

Principal Place of Business	Mailing Address
7225 NW 25 STREET 300 MIAMI, FL 33122 US	7225 NW 25 STREET 300 MIAMI, FL 33122 US

04152005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7570 NW 14ST		7570 NW 14ST	
Suite, Apt. #, etc.: STE 112		Suite, Apt. #, etc.: STE 112	
City & State: Miami FL ~~33126~~		City & State: Miami FL	
Zip: 33126	Country: USA	Zip: 33126	Country: USA

4. FEI Number: 65-1061413 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARBELLA, FRANCISCO E
8353 SW 157 CT
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name: Francisco E. Barbella
Street Address (P.O. Box Number is Not Acceptable): 5524 NW 112 Place
City: Miami FL Zip Code: 33178

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]
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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIAZ, ANGEL L 7225 NW 25 STREET MIAMI, FL 33122	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Diaz, Angel L. 7570 NW 14ST STE 112 Miami FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ______ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #