

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


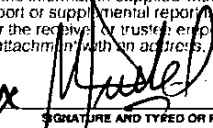
**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90194 001 \*\*\*150.00

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04142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P01000056305</b> 1. Entity Name <b>U.S. RUBBER SUPPLY, INC.</b>			
Principal Place of Business <b>2342 WEST 80TH ST., STE 5 HIALEAH, FL 33016</b>		Mailing Address <b>2342 WEST 80TH ST., STE 5 HIALEAH, FL 33016</b>	
2. Principal Place of Business <b>2378 W 80th St.</b> Suite, Apt. #, etc. <b>#5</b> City & State <b>Hialeah FL.</b> Zip <b>33016-5691</b>		3. Mailing Address <b>2378 W 80th St.</b> Suite, Apt. #, etc. <b>#5</b> City & State <b>Hialeah, FL.</b> Zip <b>33016-5691</b>	
4. FEI Number <b>65-1112884</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PAPAS, GEORGE J 2342 WEST 80TH ST., STE 5 HIALEAH, FL 33016</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2378 W. 80th St. #5</b> City <b>Hialeah FL.</b>	
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when constituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> NAME <b>PAPAS, GEORGE J</b> STREET ADDRESS <b>2342 WEST 80TH ST., STE 5</b> CITY-ST-ZIP <b>HIALEAH, FL 33016</b>	<input type="checkbox"/> Delete	TITLE <b>2378 W. 80th St. #5</b> NAME <b>Hialeah, FL.</b> STREET ADDRESS <b>33016-5691</b> CITY-ST-ZIP	<input checked="" 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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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
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 <b>GEORGE J. PAPAS</b>			