

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90117 040 ***150.00

DOCUMENT # P01000056305

1. Entity Name
U.S. RUBBER SUPPLY, INC.



Principal Place of Business
**2378 WEST 80TH ST., # 5
HIALEAH, FL 33016-5691**

Mailing Address
**2378 WEST 80TH ST., # 5
HIALEAH, FL 33016-5691**

2. Principal Place of Business - No P.O. Box #
2685 W 76th St

3. Mailing Address
2685 W 76th St.

Suite, Apt. #, etc.



04142008 Chg-P CR2E034 (12/06)

City & State
Hialeah, FL.

City & State
Hialeah, FL.

Zip
33016

Country
USA.

Zip
33016

Country
USA.

4. FEI Number
65-1112884

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PAPAS, GEORGE J.
2378 WEST 80TH ST., # 5
HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name
Papas, George J.

Street Address (P.O. Box Number is Not Acceptable)
2685 W 76th St.

City
Hialeah

FL

Zip Code
33016

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 *George J. Papas* (NOTE: Registered Agent signature required when re-registering)

DATE *4/14/07*

FILE NOW!!! FEES \$150.00
After May 1, 2008 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-STATE-ZIP	D PAPAS, GEORGE J 2378 WEST 80TH ST., # 5 HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Papas George J. 2685 W 76th St. Hialeah, FL. 33016. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *George J. Papas* *4/14/07* *305 859-1000*

DAYTIME PHONE #