

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90015 040 ***150.00

DOCUMENT # P01000097215

1. Entity Name
MUROD SUPPLY, INC.



Principal Place of Business
~~290 174TH STREET~~
~~APT 1502~~
~~SUNNY ISLES, FL 33160~~

Mailing Address
~~290 174TH STREET~~
~~APT 1502~~
~~SUNNY ISLES, FL 33160~~

54037639



2. Principal Place of Business
3025 NE 190 ST.
Suite, Apt. #, etc.
#106

3. Mailing Address
3025 NE 190 ST.
Suite, Apt. #, etc.
#106

04142004 Chg-P CR2E034 (10/03)

City & State
AVENTURA FL
Zip
33180
Country
USA

City & State
AVENTURA FL
Zip
33180
Country
USA

4. FEI Number
65-1149204
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANA C
~~290 174TH STREET~~
~~APT 1502~~
~~SUNNY ISLES, FL 33160~~

7. Name and Address of New Registered Agent

Name
RODRIGUEZ, ANA C.
Street Address (P.O. Box Number is Not Acceptable)
3025 NE 190 ST.
#106
City
AVENTURA FL Zip Code
33180

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 ☒ **REGISTERED AGENT** **04/14/04**
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD **ENEIDA** ☒ Delete
NAME **PERALTA, ENEIDA A**
STREET ADDRESS ~~290 174 ST #1502~~
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE SD ☒ Delete
NAME **POLANCO, YLIANA I**
STREET ADDRESS ~~290 174 ST #1502~~
CITY-ST-ZIP **SUNNY ISLES, FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD **PERALTA ENEIDA A.** ☒ Change ☐ Addition
NAME
STREET ADDRESS **3025 NE 190 ST.**
CITY-ST-ZIP **#106 AVENTURA FL 33180**

TITLE SD ☒ Change ☐ Addition
NAME **POLANCO YLIANA I**
STREET ADDRESS **3025 NE 190 ST. #106**
CITY-ST-ZIP **AVENTURA FL 33180**

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

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

TITLE ☐ Change ☐ Addition
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 **4/13/04** Daytime Phone #