


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90228 017 \*\*\*150.00

DOCUMENT # P01000108023

1. Entity Name  
**ONLY SUPPLIES, INC.**



Principal Place of Business      Mailing Address

1862 NW 72 AVE      1862 NW 72 AVE  
 MIAMI, FL 33126      MIAMI, FL 33126

**14010669**



2. Principal Place of Business      3. Mailing Address

*1862 N.W. 82 AVE.*      *1862 NW 82 AVE.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04202004      Chg-P      CR2E034 (10/03)

City & State      FL      City & State      FL

MIAMI      MIAMI

Zip      Country      Zip      Country

*33120*      *USA.*      *33120*      *USA.*

4. FEI Number      Applied For

65-1151740      Not Applicable

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

6. Name and Address of Current Registered Agent

POSADA, SANDRA  
 12916 SW 133CT #B  
 MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name      *GUSTAVO RODRIGUEZ*

Street Address (P.O. Box Number is Not Acceptable)

*801- B S.W. 8 ST.*

City      *MIAMI*      FL      Zip Code      *33130*

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(s):

SIGNATURE      *Gustavo Rodriguez*      DATE      *4/20/04*

Signature, typed or printed name of registered agent and title if applicable. (Not Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
NAME	CASTANO, JUAN C	
STREET ADDRESS	CARRERA 26 D #36 A SUR-30 #122	
CITY-ST-ZIP	MEDELLIN,	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ALZATE, GLORIA P	
STREET ADDRESS	CARRERA 26 D #36 A SUR-30 #122	
CITY-ST-ZIP	MEDELLIN,	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*      DATE: *4/20/04*      DAYTIME PHONE #: *1877 5623 923*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #