

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

Mailing Address
**1862 NW 72 AVE
MIAMI, FL 33126**

14010669



2. Principal Place of Business

3. Mailing Address

1862 NW 72 AVE.
Suite, Apt. #, etc.

1862 NW 72 AVE.
Suite, Apt. #, etc.

04202004

Chg-P

CR2E034 (10/03)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-1151740

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

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 agents.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(Not Registered Agent signature required when reinstating)

GUSTAVO RODRIGUEZ **4/28/04**

**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 ☐ Delete
NAME CASTANO, JUAN C
STREET ADDRESS CARRERA 26 D #36 A SUR-30 #122
CITY-ST-ZIP MEDELLIN.

TITLE VPD ☐ Delete
NAME ALZATE, GLORIA P
STREET ADDRESS CARRERA 26 D #36 A SUR-30 #122
CITY-ST-ZIP MEDELLIN.

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 ☐ 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

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: **y**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 1877 5623 923

Date Daytime Phone #