## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR)** DOCUMENT # P01000109505 Entity Name PRO-SUPPLY & ASSOCIATES, INC. Principal Place of Business Mailing Address HOLLYWOOD EXECUTIVE CENTER 1001 N. FEDERAL HWY., SUITE 308 HALLANDALE FL 33009 HALLANDALE FL 33009

## FILED Mar 25, 2004 8:00 am **Secretary of State**

03-25-2004 90038 035 \*\*\*150.00 HOLLYWOOD EXECUTIVE CENTER 1001 N. FEDERAL HWY., SUITE 308 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1154825 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIFANO, ZULAY Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD EXECUTIVE CENTER 1001 N FEDERAL HWY STE 308 HALLANDALE FL 33009 Zip Code 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME PIFANO, VICENTE NAME STREET ADDRESS HOLLYWOOD EXEC CTR 1001 N FED HWY S 308 STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition Jesus NAME NAME Hollywood Exec. Ctr 1001 N Fed HWY STREET ADDRESS STREET ADDRESS 33009 allandale FL TITLE # Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ■ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 tripstee empoyered 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 a

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR