

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000109505

1. Entity Name
PRO-SUPPLY & ASSOCIATES, INC.



Principal Place of Business
**HOLLYWOOD EXECUTIVE CENTER
1001 N. FEDERAL HWY., SUITE 308
HALLANDALE, FL 33009**

Mailing Address
**HOLLYWOOD EXECUTIVE CENTER
1001 N. FEDERAL HWY., SUITE 308
HALLANDALE, FL 33009**



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1154825

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PIFANO, ZULAY
HOLLYWOOD EXECUTIVE CENTER
1001 N FEDERAL HWY STE 308
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PIFANO, VICENTE
HOLLYWOOD EXEC CTR 1001 N FED HWY S 308
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LOPEZ, JESUS
1001 N. FEDERAL HWY
HALLANDALE, FL 33009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000271451
03/21/05-80047-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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

march 14 / 2005 (954) 4544110
Date Daytime Phone #