

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90143 035 ***150.00



DOCUMENT # P01000111118
 1. Entity Name
LEWIS SUPPLY, INC

Principal Place of Business
15826 S.W. 51 STREET
MIRAMAR, FL 33027

Mailing Address
15826 S.W. 51 STREET
MIRAMAR, FL 33027



2. Principal Place of Business
21444 SW 88th PL.

3. Mailing Address
 Suite, Apt. #, etc.

01192006 Chg-P CR2E034 (11/05)

City & State
miami, FL

City & State

4. FEI Number
65-1156769

Applied For
 Not Applicable

Zip
33189

Country
Dade

Zip

Country

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

6. Name and Address of Current Registered Agent
LEON, PASCALE
15826 S.W. 51 STREET
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent
 Name
Leon Pascale
 Street Address (P.O. Box Number is Not Acceptable)
21444 SW 88th Place
 City
Miami **FL** Zip Code
33189

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 *Leon Pascale* **1-19-06**
 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, 2006 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	P LEON, PASCALE 15826 S.W. 51 STREET MIRAMAR, FL 33027 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Leon Pascale <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 21444 SW 88th PL Miami, FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Leon Pascale* **1/19/06** **(786) 347-4440**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #