


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000023300		
1. Entity Name N. Y. G. SUPPLIES, INC.		
Principal Place of Business 950 S.W. 9TH COURT FLORIDA CITY, FL 33034	Mailing Address 950 S.W. 9TH COURT FLORIDA CITY, FL 33034	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent AGUERO, NALDA 950 S.W. 9TH COURT FLORIDA CITY, FL 33034		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD AGUERO, NALDA M 950 S.W. 9TH COURT FLORIDA CITY, FL 33034	
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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: <u>Nalda Aguero</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/29/04</u> <small>Date</small> <small>Daytime Phone #</small>



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1520831	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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05/04/04-80084-020 158.75

**DO NOT WRITE
IN THIS SPACE**