

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90004 037 ***158.75

DOCUMENT # P02000066605

1. Entity Name

SUPREME WORKS, CORP.



Principal Place of Business

1923 8TH STREET
 ORLANDO FL 32820

Mailing Address

1923 8TH STREET
 ORLANDO FL 32820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

01-0728058

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAJIGAS, ANTHONY
 1923 8TH STREET
 ORLANDO FL 32820

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CAJIGAS, ANTHONY	
STREET ADDRESS	1923 8TH STREET	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGERS, DENELLE	
STREET ADDRESS	1923 8TH STREET	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE	V	<input type="checkbox"/> Delete
NAME	STEVENSON, FRANCIS R	
STREET ADDRESS	8114 PAST SAID ST	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAJIGAS, ANTHONY	
STREET ADDRESS	1923 8TH STREET	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anthony Cajigas* **ANTHONY CAJIGAS** President.

03-15-04 407 947 0439
 Date Daytime Phone #