


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90079 016 ***158.75

DOCUMENT # P02000066605

1. Entity Name
SUPREME WORKS, CORP.



Principal Place of Business Mailing Address
1923 8TH STREET **1923 8TH STREET**
ORLANDO FL 32820 **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



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent

CAJIGAS, ANTHONY
1923 8TH STREET
ORLANDO FL 32820

4. FEI Number Applied For

01-0728058 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

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 checked="" 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denielle Rogers C	
STREET ADDRESS	1923 8th St	
CITY-ST-ZIP	Orlando FL 32820	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *[Signature]* **ANTHONY CAJIGAS PRES.** **02-23-05 407-947-0439**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #