


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jul 19, 2006 08:00 AM
Secretary of State**

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
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DO NOT WRITE IN THIS SPACE



07162006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0728058	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**CAJIGAS, ANTHONY
1923 8TH STREET
ORLANDO, FL 32820**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAJIGAS, ANTHONY 1923 8TH STREET ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROGERS, DENELLE 1923 8TH STREET ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DENIELLE, ROGERS C 1923-8TH SW ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAJIGAS, ANTHONY 1923 8TH STREET ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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07/19/06-80004-003 150.00

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: _____ **07-15-06** **407 947-0439**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #