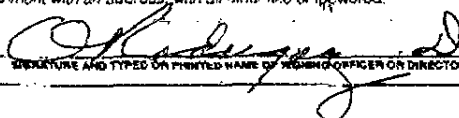


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000090743		
1. Entity Name AMYLU SUPPLIES, INC.		
Principal Place of Business 13800 SW 8 STREET #420 MIAMI, FL 33184		Mailing Address 13800 SW 8 STREET #420 MIAMI, FL 33184
DO NOT WRITE IN THIS SPACE		
		
04292004 No Chg-P CR2E034 (10/03)		
4. FFI Number 56-2289678		Applied Fee Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BATISTA, JOSE T 13800 SW 8 STREET #420 MIAMI, FL 33184		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 _____ (Signature of person or professional at registered agent and file a separate (NOT) Registered Agent signature required when consulting) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, OXDALIA O 13800 SW 8 STREET #420 MIAMI, FL 33184	
NAME STREET ADDRESS CITY-ST-ZIP		
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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(2)(b), 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 it would 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:  4/20/04 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		