

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130863

FILED
Apr 16, 2008
Secretary of State

Entity Name: SUPPLY EQUIPMENT & TOOLS CORPORATION

Current Principal Place of Business:

4110 MERCY INDUSTRIAL COURT
ORLANDO, FL 32808

New Principal Place of Business:

3450 PARKWAY CENTER CT
ORLANDO, FL 32808

Current Mailing Address:

1583 EAST SILVER STAR RD
SUITE 263
OCOOE, FL 34761

New Mailing Address:

FEI Number: 48-1295436 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MUNOZ, RUBEN M
1583 E. SILVERSTAR RD
STE 263
OCOOE, FL 34761 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABALLER, ALEXANDRA
Address: 1583 EAST SILVER STAR RD SUITE 263
City-St-Zip: OCOOE, FL 34761

Title: S/T () Delete
Name: MUNOZ, RUBEN M
Address: 1583 EAST SILVER STAR RD SUITE 263
City-St-Zip: OCOOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN MUNOZ

S/T

04/16/2008

Electronic Signature of Signing Officer or Director

Date