## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000044247

Entity Name: OC SUPPLIERS, INC.

FILED Mar 22, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
PEMBROKE PINES, FL 33026			450 COMMODORE DRIVE 309			
			PLANTATION, FL 33325			
Current Mailing Address:			New Mailing Address:			
PEMBROKE PINES, FL 33026			450 COMMODORE DRIVE 309			
			PLANTATION, FL 33325			
FEI Number: 16-1663128 FEI Number Applied For ( ) FEI Num			nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	ANCISCO 118 AVENUE E PINES, FL 3	3026	COLBURN, KIMBERLY A TREASUR 450 COMMODORE DRIVE 309 PLANTATION, FL 33325			
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: KIMBERLY A. COLBURN				03/22/2004		
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () I ORTIZ, FRANCIS 2101 N.W. 118 A PEMBROKE PIN	VENUE	Title: Name: Address: City-St-Zip:	P (X) C COLBURN, DALE 450 COMMODOR PLANTATION, FL	RE DRIVE #309	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VP () C SABALLOS, ODE 450 COMMODOR PLANTATION, FL	RE DRIVE #304	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	TREA () C COLBURN, KIMB 450 COMMODOR PLANTATION, FL	RE DRIVE #309	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	OFC () C ORTIZ, ELIZABE 2101 NW 118TH PEMBROKE PINI	AVE	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	SECR () C SABALLOS, GIDG 450 COMMODOR PLANTATION, FL	RE DRIVE #304	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DALE J COLBURN PRES 03/22/2004