

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000049502

1. Entity Name

SUPREME ART INC.



Principal Place of Business

**8150 SW 8 ST #222
MIAMI FL 33144**

Mailing Address

**8150 SW 8 ST #222
MIAMI FL 33144**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

51-0464714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORES, DAISY
3310 SW 82 AVE
MIAMI FL 33155**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	DP FLORES, DAISY	<input type="checkbox"/> Delete
STREET ADDRESS	3310 SW 82 AVE	
CITY- ST- ZIP	MIAMI FL 33155	
TITLE NAME	DS IGLESIAS, RUBEN	<input type="checkbox"/> Delete
STREET ADDRESS	4101 SW 107 PL	
CITY- ST- ZIP	MIAMI FL 33165	
TITLE NAME	DT GONZALEZ, EDUARDO	<input type="checkbox"/> Delete
STREET ADDRESS	120 SW 28 RD	
CITY- ST- ZIP	MIAMI FL 33129	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	U000000811479	
CITY- ST- ZIP	02/12/08-80007-010 150.00	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Daisy Flores

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/01/2008

(352) 265-9232

Date

Daytime Phone