

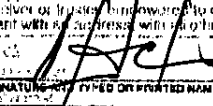
FROM :

FAX NO. : 3058859738

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90510 018 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000092564			
1. Entity Name A-OFFICE SUPPLIES, INC.			
Principal Place of Business 10141 N.W. 29TH AVE. MIAMI, FL 33147		Mailing Address 10141 N.W. 29TH AVE. MIAMI, FL 33147	
2. Principal Place of Business		3. Mailing Address Same as Above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 05-0584630		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, SALVADOR 10141 N.W. 29TH AVE. MIAMI, FL 33147		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 not applicable. (NOTE: Registered Agent signature required when changing) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(3)(a), Florida Statutes. I further certify that the information indicated on this report as supplemental report is true and accurate and then 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 individual or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 of Block 11, changed, or on an attachment with a business with no other line empowered.			
SIGNATURE: 		4/22/04 305-793-2699	
DATE: _____		DATE: _____	
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
NAME		NAME	
NAME		NAME	
NAME		NAME	

54040283

