


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90113 027 \*\*\*150.00

**DOCUMENT # P04000018558**

1. Entity Name  
**MACSULA SUPPLIES, INC.**



Principal Place of Business      Mailing Address  
**8050 NW MIAMI COURT LOT F227**      **8050 NW MIAMI COURT LOT F227**  
**MIAMI, FL 33150**      **MIAMI, FL 33150**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**14017692**



04282005    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**20-0665447**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**OLIVA, ELITH**  
**8050 NW MIAMI COURT LOT F227**  
**MIAMI, FL 33150**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00** May Be  
**After May 1, 2005 Fee will be \$550.00**      Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OLIVA, ELITH			NAME			
STREET ADDRESS	8050 NW MIAMI COURT LOT F227			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33150			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(i), 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:** Elith Oliva      Date 4-25-05      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR