

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90015 045 ***150.00

DOCUMENT # P04000080462					
1. Entity Name IGNIFUGA SUPPLY, INC.					
Principal Place of Business 5670 NW 113 PLACE DORAL, FL 33178			Mailing Address 5670 NW 113 PLACE DORAL, FL 33178		
2. Principal Place of Business		3. Mailing Address 7805 Coral Way Suite, Apt. #, etc. Suite 116 City & State Miami Florida Zip 33155 Country U.S.A			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent ALVAREZ, HAROLD C 5670 NW 113 PLACE DORAL, FL 33178			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		
State			State		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE O			TITLE Change Addition		
NAME ALVAREZ, HAROLD C			NAME Change Addition		
STREET ADDRESS AVE NUEVA ESPARTA EDIF BAHIA ESMERALDA			STREET ADDRESS Change Addition		
CITY-ST-ZIP APT B71 BARCELONA VENEZUELA,			CITY-ST-ZIP Change Addition		
TITLE V			TITLE Change Addition		
NAME ROCRIGUEZ, ANTONIO			NAME Change Addition		
STREET ADDRESS AVE JOSE A ANZOATEGUI C/CALLE BOLIVAR			STREET ADDRESS Change Addition		
CITY-ST-ZIP QTA VILLA PARAISO PTO,			CITY-ST-ZIP Change Addition		
TITLE T			TITLE Change Addition		
NAME ALVAREZ, TIRONE N			NAME Change Addition		
STREET ADDRESS AVE NUEVA ESPARTA EDIF BAHIA ESMERALDA APT			STREET ADDRESS Change Addition		
CITY-ST-ZIP B-71 BARCELONA VENEZUELA,			CITY-ST-ZIP Change Addition		
TITLE Delete			TITLE Change Addition		
NAME Delete			NAME Change Addition		
STREET ADDRESS Delete			STREET ADDRESS Change Addition		
CITY-ST-ZIP Delete			CITY-ST-ZIP Change Addition		
TITLE Delete			TITLE Change Addition		
NAME Delete			NAME Change Addition		
STREET ADDRESS Delete			STREET ADDRESS Change Addition		
CITY-ST-ZIP Delete			CITY-ST-ZIP Change Addition		
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

April 20, 2005 58-414-8144000