

**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, Apt. #, etc.

Suite 116

City & State

City & State

MIAMI FLORIDA

Zip

Zip

33155

Country

U.S.A.

05112005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1154924** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALVAREZ, HAROLD C
5670 NW 113 PLACE
DORAL, FL 33178**

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **O** Delete
NAME **ALVAREZ, HAROLD C**
STREET ADDRESS **AVE NUEVA ESPARTA EDIF BAHIA ESMERALDA
APT B71 BARCELONA VENEZULA,**
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **ROCRIGUEZ, ANTONIO**
STREET ADDRESS **AVE JOSE A ANZOATEGUI C/CALLE BOLIVAR
QTA VILLA PARAISO PTO,**
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **ALVAREZ, TIRONE N**
STREET ADDRESS **AVE NUEVA ESPARTA EDIF BAHIA ESMERALDA APT
B-71 BARCELONA VENEZULA,**
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
NAME
STREET ADDRESS
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 20, 2005 58-414-8144000

Date

Daytime Phone #