,2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment

SIGNATURE: 🕙

Jun 08, 2005 8:00 am **Secretary of State DOCUMENT # P04000151090** 06-08-2005 90004 030 ***150.00 MB SUPPLY SOLUTIONS, INC. Principal Place of Business Mailing Address 20023224 3655 WINKLER AVE. 3655 WINKLER AVE. EST NO. 1518 EST NO. 1518 FORT MYERS, FL 33916 FORT MYERS, FL 33916 3. Mailing Address 4412 5TH ST 2. Principal Place of Business west 4412 STH ST WEST Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 CR2E034 (10/03) 4. FEI Number 20 - 184 286 9 City & State Applied For City & State FL ACTES ACTES Lehi 6 H LEHIGH Not Applicable 33971 3 3971 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ . - - - -TERAN, GUŠTĀVO A Street Address (P.O. Box Number is Not Acceptable) 3655 WINKLER AVE. **EST NO. 1518** FORT MYERS, FL 33916 City Zip Code FL 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 W DATE (NOTE: Radistered Agent signature required when reinstating) Signature, typed or printed name of regretered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 60 🗶 Change 🔲 Addition PD TITLE Delete TITLE BORGES, MARCO A 4412 STH ST WEST LEHIGH ACTES FI BORGES, MARCO A NAME NAME 3655 WINKLER AVE. EXT. 1518 STREET ADDRESS STREET ADDRESS EHIGH ACIES FORT MYERS, FL 33916 CITY-ST-7/P CITY-ST-ZIP SO Addition ☐ Delete TITLE X Change TITLE TERAN, GUSTAVO 4412 STH ST WEST NAME TERAN, GUSTAVO NAME STREET ADDRESS 3655 WINKLER AVE. EXT. 1518 STREET ADDRESS Acres 33971 FORT MYERS, FL 33916 CITY-ST-ZIP CITY ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-SI-78 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-S1-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does for 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 too and across the analysis and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or justee empowered for the corporation of the corporation or the receiver or justee empowered for the corporation of the corporation or the receiver or justee empowered for the corporation of the corpora

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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