

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000076100

1. Entity Name
ALL PRODUCTS SUPPLY INC.



**FILED
Feb 14, 2007 8:00 am
Secretary of State**

02-14-2007 90044 018 ***150.00

40016400



02072007 Chg-P CR2E034 (12/06)

Principal Place of Business
510 NORTHWEST 114TH AVENUE
SUITE 202
MIAMI, FL 33172

Mailing Address
510 NORTHWEST 114TH AVENUE
SUITE 202
MIAMI, FL 33172

2. Principal Place of Business - No P.O. Box #
550 NW 114 Ave.

3. Mailing Address
550 NW 114 Ave.

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33172

Zip
33172

Country

4. FEI Number
56-2516717

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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
After May 1, 2007 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
VALDEZ, ENRIQUE
510 NORTHWEST 114TH AVENUE
MIAMI, FL 33172

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SVD
VARGAS, MARISABEL
510 NORTHWEST 114TH AVENUE
MIAMI, FL 33172

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Enrique Valdez

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/07

Date

786-355-7659

Daytime Phone #