

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 007 ***150.00

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1. Entity Name
MURMAG INDUSTRIAL SUPPLY CO.



Principal Place of Business
**316 FIELDSTREAM NORTH BULEVAR
ORLANDO, FL 32825**

Mailing Address
**316 FIELDSTREAM NORTH BULEVAR
ORLANDO, FL 32825**

2. Principal Place of Business - No P.O. Box #
12852 PARKBURY DRIVE

3. Mailing Address
12852 PARKBURY DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

4. FEI Number
20-3061638

Applied For
☐ Not Applicable

Zip
32828

Country
USA

Zip
32828

Country
USA

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

6. Name and Address of Current Registered Agent

**MURCIA, LUIS A
316 FIELDSTREAM NORTH BULEVAR
ORLANDO, FL 32825**

7. Name and Address of New Registered Agent

Name
CONSTANZA ESPINOSA

Street Address (P.O. Box Number is Not Acceptable)
12852 PARKBURY DRIVE

City **ORLANDO** **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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ESPINOSA, CONSTANZA**
STREET ADDRESS **12852 PARK BURY DR**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **V** ☐ Delete
NAME **ALBA, MARIO**
STREET ADDRESS **12852 PARK BURY DR**
CITY-ST-ZIP **ORLANDO, FL 32828**

TITLE **S** ☐ Delete
NAME **DE COLOMBIA, IGLOSS**
STREET ADDRESS **CALLE 21 #33-20**
CITY-ST-ZIP **BOGOTA-COLOMBIA,**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-11-08

Date

Daytime Phone #

407 770 7157