## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 12, 2008 8:00 am Secretary of State 05-12-2008 90026 044 \*\*\*150.00 DOCUMENT # P07000050597 S & P SUPPLIES AND SERVICES, INC. Principal Place of Business Mailing Address 2030 CEDAR PARK LANE 2030 CEDAR PARK LANE ORLANDO, FL 32824 ORLANDO, FL 32824 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05092008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country 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 BOJANI, RUBEN Street Address (P.O. Box Number is Not Acceptable) 2030 CÉDAR PARK LANE ORLANDO, FL 32824 'n City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Due by September 12, 2008 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. STD TITLE TITLE ☐ Delete Change Addition BOJANI, RUBEN NAME NAME STREET ADDRESS 2030 CEDAR PARK LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition LEAL, GONZALO Q NAME STREET ADDRESS 2030 CEDAR PARK LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition URBINA, GONZALO Q NAME NAME STREET ADDRESS 2030 CEDAR PARK LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP TITLE TITLE Addition NAME TATA, FERNANDO NAME 2030 CEDAR PARK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition ... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 anyacidess, will all other like empowered.

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**