

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066619

FILED
Jan 30, 2008
Secretary of State

Entity Name: REPLACEMENT PRODUCTS SUPPLY, CORP.

Current Principal Place of Business:

7204 NW 84TH AVENUE
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 667746
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 26-0327726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONNEMAISON, CARLOS L
5600 NW 114 PL
APT. 208
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BONNEMAISON, CARLOS L
Address: 5600 NW 114 PL, APT. 208
City-St-Zip: DORAL, FL 33178 US

Title: VP () Delete
Name: TROISI, ANAMARIA
Address: 5600 NW 114 PL, APT. 208
City-St-Zip: DORAL, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS BONNEMAISON

P

01/30/2008

Electronic Signature of Signing Officer or Director

_____ Date