2009

STF FL32381F.1

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P08000024992				FILED			
1. Entity Name Western TechSupply Corp.				09 MAY -6 AM 8: 57			
DO NOT WRITE IN THIS SPACE				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
				TALLAHASSEL	., ,,		
2. Principal Place of Business	3. Mailing Address	- Maringsakyi <u>.</u> -	- 5				
9780 E. Indigo St.	Indigo St. 9780 E. Indigo St.						
Suite, Apt. #, etc. Suite 203	, , , , , , , , , , , , , , , , , , ,			DO NOT WRITE IN THIS SPACE			
City & State City & State			4	4. FEI Number Applied For			
Palmetto Bay, FL Palmetto Bay, Zip County Zip Count			<u> 26</u>	-2191751	\$9.7	Not Applicable 5 Additional	
33157-5610 USA 33157-5610 USA			5.	5. Certificate of Status Desired Fee Required			
DO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name						nt	
「地方」がは A、 B) A、 かん A、 TA TA TA TA A A A A A A A A A A A A							
Street Address (P.C 3225 Marc				Box Number is Not Acceptable)			
		^ -					
		City			FL Zip	Code	
8. The above named entity submits this statemen	t for the purpose of changing its	Miami registered office	or registe		<u>· – , , , , , , , , , , , , , , , , , , </u>	3133	
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 Habib, Salman							
SIGNATURE HADID, SALMAN Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE							
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00	9. Election Campaign Financin	ıg	\$5.00 May Be				
Amended UBR is \$61.25 Make Check Payable to Florida Department of	Stato			Trust Fund Contribution.		Added to Fees	
10. OFFICERS AND D	····	161 gg t	150	1.40 State on Sanda			
TITLE D/P/T/S	1.	TLE .				17.5	
NAME Habib, Salman STREET ADDRESS 3225 Margaret St.		ME REET ADORESS		7001555 3		7 2.2.3	
CITY-ST-ZIP Miami, FL 33133	C	TY - ST - ZIP		.05/06/09+-01023+-0	M(, **	150.15	
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TITLE NAME	. .	TLE,					
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CITY - ST - ZIP	· a	TY - ST - ZiP	[OO NOT WRITE IN T	HIS SP	ACE	
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CITY - ST - ZIP	CI	TY-ST-ZIP	* "w				
TITLE		TLE .	·				
STREET ADDRESS		ME REET ADDRESS			h.) ph.a		
CITY - ST - ZIP	CI	TY - ST - ZIP		Market Committee			
TITLE NAME	1 3 、	TLE. Ser					
STREET ADDRESS	1,,	ME REET ADDRESS					
CITY - ST - ZIP	3	TY-ST-ZIP	p.;			4	
12. I hereby certify that the information supplied with this filling does not 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 true and acquired and that my clienting shall be under the state of the section of the secti							
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 on an attachment with an address, with all other like empowered.							
SIGNATURE:	Sali	man Hab		7/10/07	305 <u>-5</u> 2	29-3360	