


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90015 001 \*\*\*150.00

**DOCUMENT # P92000007695**

1. Entity Name  
**MECHANICAL SUPPLIES CORPORATION**



Principal Place of Business Mailing Address  
**7339 N.W. 56TH ST. MIAMI, FL 33166**      **7339 N.W. 56TH ST. MIAMI, FL 33166**

2. Principal Place of Business 3. Mailing Address  
**7478 NW 55th St**      **SAME**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State City & State  
**MIAMI FL**      **MIAMI FL**  
 Zip Country Zip Country  
**33166 USA**      **33166 USA**



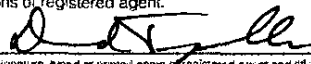
01062004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
**65-0377976**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**TRANQUILLA, DAVID**  
**7339 N.W. 56TH ST.**  
**MIAMI, FL 33166**

7. Name and Address of New Registered Agent  
 Name **DAVID TRANQUILLA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7478 NW 55th St**  
 City **MIAMI FL** Zip Code **33166**

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:  DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$850.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TRANQUILLA, DAVID	
STREET ADDRESS	7339 NW 56TH STREET	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	V	<input type="checkbox"/> Delete
NAME	GANDOLPH, MARY	
STREET ADDRESS	7339 NW 56 ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRANQUILLA	
STREET ADDRESS	7478 NW 55th St	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDOLPH MARY	
STREET ADDRESS	7478 NW 55th St	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing 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 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 empowers.

SIGNATURE:  **1-6-04 305-888-0442**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #