


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P92000007695		
1. Entity Name MECHANICAL SUPPLIES CORPORATION		
Principal Place of Business 7478 NW 55TH ST MIAMI, FL 33166	Mailing Address 7478 NW 55TH ST MIAMI, FL 33166	



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0377976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

LAMELAS, ALBERT A.  
 7478 NW 55TH STREET  
 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

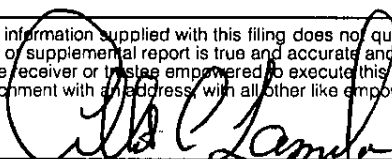
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMELAS, ALBERT A. 7478 NW 55TH ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAY, ALAN S. 7478 NW 55TH ST MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TRANQUILLA, DAVID 7478 NW 55 STREET MIAMI, FL 33166
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/04/07-80053-024 150.00

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:  DATE: 3/27/07 DAYTIME PHONE #: 305-592-8958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR