2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000080984

1. Entity Name
SPECIALTY SUPPLIES, INC.

Principal Place of Business	Mailing Address
3410 PARK CENTRAL BLVD., N. POMPANO BEACH, FL 33064 US	3410 PARK CENTRAL BLVD., N. POMPANO BEACH, FL 33064 US

01062006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0451154
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORETSKY, MITCHELL
3410 PARK CENTRAL BLVD
POMPANO BEACH, FL 33064

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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: Clifford Oretsky VP CLIFFORD ORETSKY 1-6-06
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ORETSKY, MITCHELL
STREET ADDRESS	3410 PARK CENTRAL BLVD.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	VP
NAME	ORETSKY, CLIFFORD
STREET ADDRESS	3410 PARK CENTRAL BLVD., N.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	VP
NAME	DESANTIS, JOSEPH
STREET ADDRESS	3410 PARK CENTRAL BLVD., N.
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/06-80025-018 150.00

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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: Clifford Oretsky CLIFFORD ORETSKY 1-6-06 954-968-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #