

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 28 AM 10:34

DOCUMENT # P94000055245

1. Entity Name
MICRO SUPPLIES INC.



Principal Place of Business
15841 SW 138 CT
MIAMI, FL 33165 US

Mailing Address
15841 SW 138 CT
MIAMI, FL 33165 US

REINSTATEMENT 05

07/13/05 90020 018 150⁰⁰



07072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0511398

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARDENAS, MARYLUZ
15841 SW 138 CT
MIAMI, FL 33165

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDENAS, MARYLUZ 15841 SW 138TH CT MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

Mary Luz Cardenas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

MICRO SUPPLIES INC.
15841 SW 138 CT.
MIAMI, FL. 33177-1230

November 4, 2005

FLORIDA DEPARTMENT OF STATE
Secretary of the State
Glenda E. Hood
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

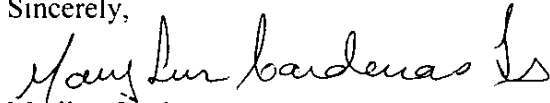
Ref: Doc#P94000055245

Dear Sir/Madam:

I have recently received a notice of Dissolution or Revocation. When I called to inquire, I was told that the annual report I submitted had not been signed. A letter was sent that I apparently did not receive.

Please find another copy of the annual report signed. Thank you for your kind attention to this matter.

Sincerely,



Mariluz Cardenas
President