


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000055245</b> 1. Entity Name MICRO SUPPLIES INC.	
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Principal Place of Business 15841 SW 138 CT MIAMI, FL 33165 US	Mailing Address 15841 SW 138 CT MIAMI, FL 33165 US
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**DO NOT WRITE IN THIS SPACE**



05182006 No Chg-P CR2E034 (11/05)

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 reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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
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1100000565879  
05/23/06-00002-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date Daytime Phone #