

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90049 050 ***150.00

DOCUMENT # P94000059287

1. Entity Name
OXY SUPPLY COMPANY



Principal Place of Business

**5525 NW 74TH AVENUE
MIAMI, FL 33166 US**

Mailing Address

**5525 NW 74TH AVENUE
MIAMI, FL 33166 US**

40068025



2. Principal Place of Business - No P.O. Box #

**1345 NW 98 CT.
Suite, Apt. #, etc.
Bldg. A #5**

3. Mailing Address

**1345 NW 98 CT.
Suite, Apt. #, etc.
Bldg. A #5**

04052008

Chg-P

CR2E034 (12/06)

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0529466

Applied For

Not Applicabl

Zip

33172

Country

Zip

33172

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIEZ, JOSE L
199 OCEAN LANE DRIVE
APT 600
KEY BISCAYNE, FL 33149**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
After May 1, 2008 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** ☐ Delete
NAME **DIEZ, JOSE L**
STREET ADDRESS **199 OCEAN LANE DRIVE APT 600**
CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VP** ☐ Delete
NAME **ARENAS, CARLOS**
STREET ADDRESS **6961 N.W. 111 AVENUE**
CITY-ST-ZIP **DORAL, FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

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: