

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000032527

1. Entity Name
INDUSTRIAL SUPPLY OF U.S.A., INC.



FILED
Jul 22, 2008 08:00 AM
Secretary of State

Principal Place of Business
15423 SW 54 STREET
APT. 1-D
MIAMI, FL 33185 US

Mailing Address
15423 SW 54 STREET
APT. 1-D
MIAMI, FL 33185 US



07112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0576044	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHAVEZ, MILTON
15423 SW 54 ST
MIAMI, FL 33185

**DO NOT WRITE
IN THIS SPACE**

B. 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

000000956028
07/22/08-80015-013 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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	PD CHAVEZ, MILTON 15423 SW 54TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHAVEZ, ANGELA 15423 SW 54TH ST MIAMI, FL
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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 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Milton Chavez MILTON CHAVEZ 07/17/08 305-5915838