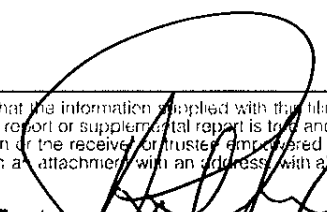


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000048065 1. Entity Name THOMAS SUPPLY, CORP.																													
Principal Place of Business 5991 W. 21ST AVE. HIALEAH GARDENS FL 33016			Mailing Address 5991 W. 21ST AVE. HIALEAH GARDENS FL 33016																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip		City & State Zip		4. FEI Number 65-0591749 Applied For ☐ Not Applicable																									
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent HONG, HUMBERTO R 5991 W. 21ST AVE. HIALEAH GARDENS FL 33016				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 _____ DATE _____ Signature, typed or printed name of registered agent and title. (NOTE: Registered Agent signature required when submitting change.)																													
FILE NOW!!! - FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;">PD</td> <td style="width:10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>HONG, HUMBERTO R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5991 W. 21ST AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HIALEAH GARDENS FL 33016</td> <td></td> </tr> </table>			TITLE	PD	☐ Delete	NAME	HONG, HUMBERTO R		STREET ADDRESS	5991 W. 21ST AVE.		CITY-ST-ZIP	HIALEAH GARDENS FL 33016		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:60%;"></td> <td style="width:10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 01-27-08																													