

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90006 022 ***150.00

DOCUMENT # P96000019996

1. Entity Name
SUPA MAGS FLORIDA, INC.



Principal Place of Business
**625 N ANDREWS AVENUE
FORT LAUDERDALE, FL 33311**

Mailing Address
**625 N ANDREWS AVENUE
FORT LAUDERDALE, FL 33311**

50058379



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0648767

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DINKELSPIEZ, ASNE
625 N ANDREWS AVENUE
FORT LAUDERDALE, FL 33311**

Name

ASNE GOODMAN

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

625 N ANDREWS AVE

City

FT LAUDERDALE

FL

Zip Code

33311

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/21/05

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
GOODMAN, ASNE
625 N ANDREWS AVENUE
FORT LAUDERDALE, FL 33311**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #



June 28, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Sir or Madam:

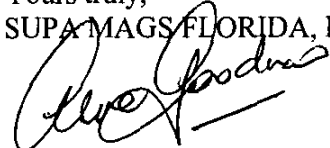
DOCUMENT P96000019996

The enclosed notice has just been received by me regarding Notice of Intent to Dissolve my Company.

I have never received any notice to pay the annual Company fees. I could not access the web site and tried calling but could not get any answer.

I am enclosing a check #4053 in the amount of \$150.00 and trust that this will be in order.

Thank you,
Yours truly,
SUPAMAGS FLORIDA, INC.


ASNE GOODMAN