2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State
05-25-2004 90003 031 ***550.00

DOCUMENT # P96000037919

1. Entity Name
ALTON ROAD SUPREME SERVICES, INC.

Principal Place of Business	Mailing Address
1840 ALTON ROAD MIAMI BEACH, FL 33139 US	1840 ALTON ROAD MIAMI BEACH, FL 3319 US

DO NOT WRITE IN THIS SPACE

05212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0673538
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHEN KRAVITZ
1840 ALTON ROAD
MIAMI BEACH, FL 33139

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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 if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	KRAVITZ, STEPHEN	2000 So. Bayshore Dr.
STREET ADDRESS	11 ISLAND AVE PH-D	#75
CITY-ST-ZIP	MIAMI BEACH, FL 33139	Miami, FL 331 33
TITLE	T	
NAME	KRAVITZ, STEPHEN	
STREET ADDRESS	11 ISLAND AVE PH-D	,/
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	T	
NAME	KRAVITZ, STEPHEN	
STREET ADDRESS	11 ISLAND AVE PH-D	,/
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	S	
NAME	SUAREZ, JOSE M	
STREET ADDRESS	404 COCONUT PALM DR	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
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 exemption stated in Section 119.07(3)(i), 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: Stephen Kravitz 5/21/04 305-534-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #