


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90002 039 ***150.00

DOCUMENT # P96000037919	
1. Entity Name ALTON ROAD SUPREME SERVICES, INC.	

Principal Place of Business 1840 ALTON ROAD MIAMI BEACH, FL 33139 US	Mailing Address 1840 ALTON ROAD MIAMI BEACH, FL 33139 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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05242006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0673538	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRAVITZ, STEPHEN 1840 ALTON ROAD MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KRAVITZ, STEPHEN 2000 S. BAYSHORE DR. #75 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUAREZ, JOSE M 404 COCONUT PALM DR BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **STEPHEN KRAVITZ** 6/2/06 305-534-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Florida Department of State - Division of Corporations

40094862

#96000037919

Electronic Filing

Sunbiz E-file Account Deposit Slip

Check Number: 7246 Check Amount: \$150 -

Sunbiz E-file Account Number: _____

Account Name: ALTON ROAD Supreme Service, INC.

Mailing Address: 1840 ALTON ROAD

City: MIAMI BEACH State: FL Zip: 33139

Phone: (305) 534 1132 Fax: () -

Contact Person: STEVE R.

Signature: fl

Note

Make checks payable to: Florida Department of State.

Each check for deposit must be a minimum of \$300.

A Sunbiz E-file Account deposit slip should accompany each check submitted.

Mailing AddressDivision of Corporations
Public Access Accounts
P.O. Box 6327
Tallahassee, FL 32314**Courier Address**Division of Corporations
Public Access Accounts
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301