


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000050563

1. Entity Name
SUPREME WORLDWIDE, INC.



Principal Place of Business 10775 NORTHWEST 33 STREET MIAMI, FL 33172	Mailing Address 10775 NORTHWEST 33 STREET MIAMI, FL 33172
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03172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0670990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARTINEZ, ANA MARIA
 10775 NW 33RD ST
 MIAMI, FL 33172**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEKIMOTO, AKIRA YAZAWA 10775 NORTHWEST 33 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEKIMOTO, MICHIKO YAZAWA 10775 NORTHWEST 33 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTINEZ, ANA MARIA 10775 NORTHWEST 33 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISS, ISAAC 10775 NORTHWEST 33 STREET MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000489874
 04/18/06-80034-018 150.00

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: _____ **3/30/06** **705-5917310**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Deline Phone # _____