



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90083 002 ***150.00

DOCUMENT # P96000091380 1. Entity Name NATIONAL MEMORABILIA SUPPLY CO., INC.					
Principal Place of Business 18454 NW 67TH AVE MIAMI, FL 33015			Mailing Address 18454 NW 67TH AVE MIAMI, FL 33015		
2. Principal Place of Business 8090 W 23 Ave		3. Mailing Address 8090 W 23 Ave		 50035350	
Suite, Apt. #, etc. Bay # 3		Suite, Apt. #, etc. Bay # 3			
City & State Hialeah, FL		City & State Hialeah, FL			
Zip 33016		Country USA		4. FEI Number 65-0705525	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PADRON, JAVIER 18454 NW 67TH AVE. MIAMI, FL 33015			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8090 W 23 Ave, Bay # 3 City Hialeah FL Zip Code 33016		
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: <u><i>Javier Padron</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD PADRON, JAVIER 18454 NW 67TH AVE MIAMI, FL 33015	<input type="checkbox"/> Delete			
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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: <u><i>Javier Padron</i></u>		3/28/05		305-822-2225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	