2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 8:00 am Secretary of State

| DOCUMEN I # P97000040090 1. Entity Name SUPREME RAGS, CORP. Principal Place of Business 782 N.W. LEJEUNE ROAD., #328 MIAMI, FL 33126 Mailing Address 782 N.W. LEJEUNE ROAD., #328 MIAMI, FL 33126 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. O4242006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Ap | AIIII ALI VIII | | | | | | Secretary of State | | | | |
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| Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. O4242006 ChgP CR2E034 (11/05) | 1. Entity Name | | | | | | | • | | | |
| Suite, Apt. 4, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. O4242006 Chg-P CR2E034 (11/05) City & State Country Zip Country 8. Certificate of Status Desired 8. Serificate of Status Desired 8. Serificate of Status Desired Registered Agent Name Name Shreat Address of New Registered Agent 7. Name and Address of New Registered Agent Name Shreat Address of Po. Box Number is Not Acceptable) City FL Zip Code Single Address of Po. Box Number is Not Acceptable) City FL Zip Code Single Address of Po. Box Number is Not Acceptable) City FL Zip Code Single Address of Po. Box Number is Not Acceptable) City FL Zip Code Single Address of Po. Box Number is Not Acceptable) City FL Zip Code City FL Z | 782 N.W. LEJEUNE ROAD., #328 782 N.W. LEJEUNE ROAD., #3 | | | | | | 4 111 1844 1814 28 14 2 | idir ab til bioit ab al bo | | | |
| City & State Country Country Country Zp Country Zp Country E. Manne and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City City City City City FL Zip Code | 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | | |
| Zip Country Zip Country S. Certificate of Status Desired \$8.75 Aud \$8.75 Aud | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04242006 | Chg-P | CR2E034 (| 11/05) | | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 1. Name and Registered Agent 1. Name and Registered Agent 1. Na | City & State | | City & State | | | | | | \rightarrow | pplied For ot Applicable | |
| Name Street Address (P.O. Box Number is Not Acceptable) | Zip | Country | Zip | Country | | 5. Certificate of | f Status Desired | | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New I | Registered Agen | ıt | | |
| Street Address (P.O. Box Number is Not Acceptable) | LOPEZ RENE B | | | | Name | | | | | | |
| E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent. SIGNATURE Signature, typed or protect rates of registered agent and title if applicable. (NOTE Registered Agent agreeds from refuseable) PILE NOWIII FEE IS \$150.00 | 782 N.W. I | EJEUNE ROAD., #328 | | Stree | t Address (| P.O. Box Number | is Not Acceptabl | le) | | | |
| B. 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, a the obligations of registered agent. SIGNATURE Signature, typed or ported name of registered agent and the # applicable. (NOTE Registered Agent agreture required when retireating) DATE | | | | | | | | | | | |
| THE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME LOPEZ, RENE B LOPEZ, REN | | | | | | | · · · · · · · · · · · · · · · · · · · | FL | Zip Cod | е | |
| Change C | 8. The above the obligat | named entity submits this statement follows of registered agent. | or the purpose of changing its r | registered office | or register | ed agent, or both | , in the State of Fi | orida. I am famili | ar with, | and accept | |
| FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS OTIV-ST-2P TITLE NAME SIREET ADDRESS STREET ADDRESS OTIV-ST-2P TITLE NAME SIREET ADDRESS STREET ADDRESS OTIV-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS OTIV-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS OTIV-ST-2P TITLE NAME | SIGNATURE | Signature, typed or printed name of registered agent | and title if accincable (NOTE: | Renistered Anent siz | haniumen en dans | when reinstation) | | DATE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change | | E NOW!!! FEE IS \$150.00 | 9. Election Campaig | gn Financing | \$5. | 00 May Be | | | | | |
| TITLE NAME LOPEZ, RENE B STREET ADDRESS CITY-ST-2P AVENTURA, FL 33180 Delete NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS | 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFF | ICERS AND DIR | ECTOR | S IN 11 | |
| TITLE NAME NAME VILLA, ANA STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Chang | | | ☐ Delete | | PTI | FE, RE | NE B. | M X | Change | ☐ Addition | |
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| NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | CITY-ST-ZIP | 7.1.2.1.70.04,70.00.00 | | | BA | 1 HAR | Bour | FL 3 | <u>315</u> | <u> </u> | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | VILLA, ANA 3540 MAGELLAN CIRCLE UNIT | | NAME STREET ADDRES | 5D 4~ 102 | A VILLA 30 COLL | ins Au | E.,# | Change | Addition 🔲 | |
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| 12 I hardy cortify that the information quantical with this filing does not qualify for the quantities generated in Chapter 440. Finish Custom Market the life of the quantities of the property of the proper | NAME Street Address City-St-Zip | | | NAME STREET ADDRES CITY+ST-ZIP | | | | | Change | 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 of trustee empowerable 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: ___

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICES OR DIRECTOR

124/06 (305) 494-064