

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90398 045 \*\*\*150.00

<b>DOCUMENT # P97000040090</b> 1. Entity Name <b>SUPREME RAGS, CORP.</b>					
Principal Place of Business <b>782 N.W. LEJEUNE ROAD., #328 MIAMI, FL 33126</b>			Mailing Address <b>782 N.W. LEJEUNE ROAD., #328 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box # <b>155 SE 10th Ave.</b>		3. Mailing Address <b>155 SE 10th Ave.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HiALEAH Florida</b>		City & State <b>HiALEAH Florida</b>		4. FEI Number <b>65-0749709</b>	
Zip <b>33010</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LOPEZ, RENE B 782 N.W. LEJEUNE ROAD., #328 MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>Lopez, Rene B</b> Street Address (P.O. Box Number is Not Acceptable) <b>155 SE 10th Ave.</b> City <b>HiALEAH</b> <b>FL</b> Zip Code <b>33010</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>LOPEZ, RENE B 10230 COLLINS AVE 305 MIAMI BEACH, FL 33154</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lopez, Rene B 155 SE 10th Ave. HiALEAH, FL 33010</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete <b>VILLA, ANA 10230 COLLINS AVE 305 MIAMI BEACH, FL 33154</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Villa, Ana 155 SE 10th Ave. HiALEAH, FL 33010</b>	
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.					
<b>SIGNATURE: <u>Rene B. Lopez</u> <u>Rene B. Lopez</u> 04/08/08 (205) 888-8788</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					