

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000048922

1. Entity Name
THE ALOE MAN SUPPLIES, INC.



Principal Place of Business
**4090 NW 12TH STREET
LAUDERHILL, FL 33313**

Mailing Address
**4090 NW 12TH STREET
LAUDERHILL, FL 33313**



05242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0780904

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARNES, ANNETTE
999 NW 20TH ST
FORT LAUDERDALE, FL 33311**

**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 Annett Barnes
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/28/08
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

TITLE **D**
NAME **BARNES, ANNETTE**
STREET ADDRESS **999 NW 20TH STREET**
CITY- ST- ZIP **FORT LAUDERDALE, FL 33311**

TITLE **D**
NAME **BROWN, FAY**
STREET ADDRESS **139-89 177 AVENUE APT 1B**
CITY- ST- ZIP **JAMAICA, NY**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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STREET ADDRESS
CITY- ST- ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/08
Date

954-797-9783
Daytime Phone #