


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90015 005 ***150.00

| | | |
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| DOCUMENT # P98000097490 | |  |
| 1. Entity Name A & B SUPPLY COMPANY, INC. | | |

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| Principal Place of Business 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131 | Mailing Address 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131 |
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|---|---|
| 2. Principal Place of Business 1441 Brickell Avenue | 3. Mailing Address 1441 Brickell Avenue |
| Suite, Apt. #, etc. Suite 1014 | Suite, Apt. #, etc. Suite 1014 |
| City & State Miami, FL | City & State Miami, FL |
| Zip 33131 | Country |



07152004 Chg-P CR2E034 (10/03)

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|---|--|
| 4. FEI Number 65-0881426 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|--|
| 6. Name and Address of Current Registered Agent | |
| ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI, FL 33131 | |

| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Robert Allen Law | |
| Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Avenue | |
| Suite 1014 | |
| City Miami | FL Zip Code 33131 |

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  By: **Robert N. Allen, Jr., President** 8/10/04
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD BUEY, MARGARITA 601 BRICKELL KEY DR STE 805 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SS ALLEN, ROBERT N 601 BRICKELL KEY DR STE 805 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD Buey, Margarita 1441 Brickell Avenue Ste 1014 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SS Allen, Robert N 1441 Brickell Avenue Ste 1014 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |

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:  **Robert N. Allen, Jr.** 8/10/04 305 372-3302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #