2007 FOR PROFIT CORPORATION

FILED ate

_	ANNUAL		Apr 30, 2007 08:0 Secretary of St				
1. Entity Nam	MENT # S30626 Supplies depot, Inc.					Secreta	ry of Sta
Principal Place of Business Mailing Address 10556 SW 8 ST 10556 SW 8 ST MIAMI, FL 33174 MIAMI, FL 33174					18 JUNI 88118 81118 11838 8	31 61811 BIFIC 81811 BIFII BIT	KI BIBINBAS II IABI
D	O NOT WRITE	CE	04112007 No Chg-P CR2E034 (11/05) 4. FEI Number				
CARLO, H 10556 SW MIAMI, FL	' 8 ST			NOT W			
the obligat	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and		ed Agent signature required		oth, in the State of Fl	orida. I am familiar v	vith, and accept
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees		· - •	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P CARLO, HELEN 10556 SW 8TH STREET MIAMI, FL 33174 D REYES, TAKIS	RECTORS				0000740797	
STREET ADORESS CITY-ST-ZIP	10556 SW 8 ST MIAMI, FL 33174						005 150. 0 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE			I				

12. I hereby certify that the information sapplied 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 an other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytma Phone #