

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # S70300
1. Entity Name
MIAMI TOOL AND SUPPLY CO.



Principal Place of Business
1900 SECOFFEE
MIAMI FL 33133

Mailing Address
1900 SECOFFEE
MIAMI FL 33133

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-1167095
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
DUVALL, JOHN E.
1900 SECOFFEE
MIAMI FL 33133

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUVALL, JOHN E.	
STREET ADDRESS	1900 SECOFFEE ST.	
CITY - ST - ZIP	MIAMI FL 33133-3211	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUVALL, CHARLOTTE	
STREET ADDRESS	1900 SECOFFEE ST.	
CITY - ST - ZIP	MIAMI FL 33133-3211	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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02/27/07-80010-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: John E. Duvall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Feb 2007

Date Daytime Phone #