


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90003 027 \*\*\*150.00

<b>DOCUMENT # 483574</b> 1. Entity Name PIERSON DISTRIBUTORS, INC.	
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Principal Place of Business 13715 N.W. 22 AVE. 1145 Belle Meade OPA LOCKA, FL 33054 Island Drive miami, Fl. 33138	Place of Business Mailing Address 13715 N.W. 22 AVE. 1145 Belle Meade OPA LOCKA, FL 33054 Island Drive miami, Fl. 33138
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**54015924**



01132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1616202	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

WEINTRAUB, ALBERT L  
2250 S.W. 3RD AVE.  
5TH FLOOR  
MIAMI, FL 33129

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIERSON, RONALD 1145 BELLE MEADE ISLAND MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PIERSON, DEBORAH 1145 BELLE MEADE DR MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUSSEY, HENRY D JR. 541 SHARAR AVE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	New Secretary Pierson, Deborah 1145 Belle Meade Isd miami, Fl. 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-1-04

Date

Daytime Phone #