


**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

04-16-2004 90077 012 \*\*\*150.00

**DOCUMENT # F95000000065**

1. Entity Name  
**ANPESIL DISTRIBUTORS, INC.**



|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>7001 ROUSTEIN AVENUE<br>NORTH BERGEN, NJ 07047 | Mailing Address<br>7001 ROUSTEIN AVENUE<br>NORTH BERGEN, NJ 07047 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |
| Zip          | Country      |



02162004 Chg-P CR2E034 (10/03)

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>22-2027334 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

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

**6. Name and Address of Current Registered Agent**

PELAEZ, EMILIO  
7190 NW 12TH STREET  
MIAMI, FL 33126

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

**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                      | PD                   | <input type="checkbox"/> Delete |
| NAME                       | PELAEZ JR, ANTONIO   |                                 |
| STREET ADDRESS             | 7001 ROUSTEIN AVENUE |                                 |
| CITY-ST-ZIP                | NORTH BERGEN, NJ     |                                 |
| TITLE                      | S                    | <input type="checkbox"/> Delete |
| NAME                       | ALPIZAR, OLGA        |                                 |
| STREET ADDRESS             | 7001 ROUSTEIN AVENUE |                                 |
| CITY-ST-ZIP                | NORTH BERGEN, NJ     |                                 |
| TITLE                      | T                    | <input type="checkbox"/> Delete |
| NAME                       | PELAEZ II, EMILIO M  |                                 |
| STREET ADDRESS             | 7001 ROUSTEIN AVENUE |                                 |
| CITY-ST-ZIP                | NORTH BERGEN, NJ     |                                 |
| TITLE                      | CD                   | <input type="checkbox"/> Delete |
| NAME                       | PELAEZ, ANTONIO      |                                 |
| STREET ADDRESS             | 7001 ROUSTEIN AVENUE |                                 |
| CITY-ST-ZIP                | NORTH BERGEN, NJ     |                                 |
| 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                                           |  |                                                                   |

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 of the same 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 my address, with all other like empowered.

**SIGNATURE:**  **Date:** 4/16/04 **Daytime Phone #:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR