


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000000065
 1. Entity Name
 ANPESIL DISTRIBUTORS, INC.



Principal Place of Business 7001 ROUSTEIN AVENUE NORTH BERGEN, NJ 07047	Mailing Address 7001 ROUSTEIN AVENUE NORTH BERGEN, NJ 07047
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03062005 No Chg-P CR2E034 (10/03)

4. FEI Number 22-2027334	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PELAEZ, EMILIO
 7190 NW 12TH STRET
 MIAMI, FL 33126

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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, 2005 Fee will be \$550.00

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

1100000268206
 03/18/05-80033-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELAEZ JR, ANTONIO 7001 ROUSTEIN AVENUE NORTH BERGEN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALPIZAR, OLGA 7001 ROUSTEIN AVENUE NORTH BERGEN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PELAEZ II, EMILIO M 7001 ROUSTEIN AVENUE NORTH BERGEN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PELAEZ, ANTONIO 7001 ROUSTEIN AVENUE NORTH BERGEN, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date  Daytime Phone # _____