

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90075 042 ***150.00

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

DO NOT WRITE IN THIS SPACE

10091158

2. Principal Place of Business
 7001 ROUSTEIN AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
 7001 ROUSTEIN AVENUE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State NORTH BERGEN, NJ		City & State NORTH BERGEN, NJ		4. FEI Number 22-2027334	Applied For Not Applicable
Zip 07047	Country	Zip 07047	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PELAE, EMILIO

Street Address (P.O. Box Number is Not Acceptable)
7190 NW 12TH STREET

City MIAMI **FL** **Zip Code** 33126

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS


TITLE PD	NAME PELAEZ JR, ANTONIO
STREET ADDRESS	7001 ROUSTEIN AVENUE
CITY-ST-ZIP	NORTH BERGEN, NJ 07047
TITLE S	NAME ALPIZAR, OLGA
STREET ADDRESS	7001 ROUSTEIN AVENUE
CITY-ST-ZIP	NORTH BERGEN, NJ 07047
TITLE T	NAME PELAEZ II, EMILIO M
STREET ADDRESS	7001 ROUSTEIN AVENUE
CITY-ST-ZIP	NORTH BERGEN, NJ 07047
TITLE CD	NAME PELAEZ, ANTONIO
STREET ADDRESS	7001 ROUSTEIN AVENUE
CITY-ST-ZIP	NORTH BERGEN, NJ 07047
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	

11.

TITLE NAME	STREET ADDRESS
CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **EMILIO M PELAEZ, II TREASURER** **4/1/2003**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**