## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 09. 2005 08:00 AM

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1. Entity Nam	MENT # K15511 CH DISTRIBUTORS, INC.					retary of State	
Principal Plac	ce of Business	Mailing Address		1	٠		
3355 NW 41 MIAMI, FL 3	IST ST.	3355 NW 41ST ST. MIAMI, FL 33142 US			ar riba i Silai Kijori likat tini	Steel Sign Civil State Civil State of the	
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DO NOT WRITE IN THIS SPACE			CE	4. FEI Numb 65-002		CR2E034 (10/03)  Applied For Not Applicable	
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current Regi		<del>!</del>	Alla Circumstance (Control of Control of Con	Fee Dedailed		
MIJARES,	BERNARDO	·· / 5.74		הה	KIOT W	rvitelii	
2911 S.W.	. 103 AVE		DO NOT WRITE				
MIAWI, FL	AMI, FL 33165			IN THIS SPACE			
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8. The above	named entity submits this statement for the	purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept	
the obligations of registered agent.				3.00-0			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent standard required when						18-05	
Signature, typed or printed nowne of registered agent and title if applicable (NOTE Registered Agent signature required when refinstating) DATE							
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees							
10.	OFFICERS AND DIRE	CTORS		* To 188 *			
TITLE NAME	PD MIJARES, BERNARDO		<del></del>		1		
STREET ADDRESS	2911 SW_103 AVE	ļ					
CITY-ST-ZIP	MIAMI, FL 33165	 <del></del>			Haanaas	"FER4E	
TITLE !			<del></del>		03/09/05-8	256846 80031-007 150.00	
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CITY-ST-ZIP				טט	NOT W	HILE	
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NAME Street Address					78 TO 100 TO	W W THE STREET	
CITY-ST-ZIP							
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CITY - ST - ZIP	•	ļ					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Flortda 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 cath; that I am an officer or director of the corporation or the receiver or further 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.							
1/1/1/1 / 1/2 1/2 2-40T =105-127-Ct/1							
SIGNATURE: MISH WISH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Device Phone #							