

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038735

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: MIGAND DISTRIBUTORS, INC.

## Current Principal Place of Business:

681 N.W. 108 STREET  
MIAMI, FL 33168

## New Principal Place of Business:

2801 NW 125 STREET  
MIAMI, FL 33167

## Current Mailing Address:

681 N.W. 108 STREET  
MIAMI, FL 33168

## New Mailing Address:

2801 NW 125 STREET  
MIAMI, FL 33167

FEI Number: 65-0503990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MENENDEZ, JOSE L  
681 N.W. 108 STREET  
MIAMI, FL 33168

## Name and Address of New Registered Agent:

MENENDEZ, JOSE L  
2801 NW 125 STREET  
MIAMI, FL 33167

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.

SIGNATURE: \_\_\_\_\_

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MENENDEZ, ABEL  
Address: 7465 S. WATERWAY DR  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: ROSA, JULIO  
Address: 1918 N. 43 AVE  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: MENENDEZ, THELMA  
Address: 6920 S.W. 92 AVE.  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: MENENDEZ, JOSE L  
Address: 6920 S.W. 92 AVE.  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE L MENENDEZ

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date