

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000119562 1. Entity Name ALL-BRAND SUPPLIES DISTRIBUTOR, INC.	
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Principal Place of Business 11701 NW 102ND RD., STE 14 MEDLEY, FL 33178	Mailing Address 11701 NW 102ND RD., STE 14 MEDLEY, FL 33178
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03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1983374	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CEBALLOS, GERARDO J 11701 NW 102ND RD., STE 14 MEDLEY, FL 33178	DO NOT WRITE IN THIS SPACE
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CEBALLOS, JORGE W 11701 NW 102ND RD., STE 14 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CEBALLOS, GERARDO 11701 NW 102ND RD., STE 14 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RICHARD, DENNIS 11701 NW 102 RD., STE. 14 MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000289048
04/06/05-80009-024 150.00

**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 19.07(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 an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/05 305-888-4994
Date Daytime Phone #