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May 05, 2004 8:00 am
Secretary of State
03-29-2004 90053 045 ***150.00
05-05-2004 90247 044 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000089174

1. Entity Name
SAG INTERNATIONAL DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
36981/2 NW 16 ST BAY E CITY OF LAUDERHILL, FL 33311	36981/2 NW 16 ST BAY E CITY OF LAUDERHILL, FL 33311

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 91-0478177 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CABRERA, ABAD 36981/2 NW 16 ST BAY E CITY OF LAUDERHILL, FL 33311	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 of New Registered Agent, if changed) (Title if applicable) (Date)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CABRERA, ABAD 36981/2 NW 16 ST BAY E CITY OF LAUDERHILL, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CABRERA, ARACELIS 36981/2 NW 16 ST BAY E CITY OF LAUDERHILL, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete CABRERA, ESTEBAN 36981/2 NW 16 ST BAY E CITY OF LAUDERHILL, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 with an address, with all changes noted.

SIGNATURE: Abad Cabrera CABRERA, PRES. 4/30/04 305-975-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Telephone Number)