


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000042558

1. Entity Name
ADVANTAGE INTERNATIONAL DISTRIBUTORS, INC.



Principal Place of Business 4100 N.E. 2ND AVENUE SUITE 320 MIAMI, FL 33137	Mailing Address 4100 N.E. 2ND AVENUE SUITE 320 MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0422360	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CAZALET, JEAN
 4100 N.E. 2ND AVENUE, #320
 MIAMI, FL 33137**

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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 _____ DATE _____
(Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent Signature required when reinstating)

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

000000131608
 04/27/04-80012-014 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAZALET, JEAN 4100 N.E. 2ND AVENUE, #320 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELFRICH, JOSEPH 4100 2ND AVE #320 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZWINGER, LAURENCE 4100 NE 2ND AVE #320 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN, CHANEL PAUL 4100 NE 2ND #320 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 information.

SIGNATURE: Jean Cazalet 4/22/04 305-573-3132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TIME PHONE #