

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 192212</b> 1. Entity Name <b>FLORIDA MANUFACTURING AND DISTRIBUTING CO., INC.</b>	
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Principal Place of Business <b>4401 N W 37TH AVE MIAMI, FL 33142</b>	Mailing Address <b>4401 N W 37TH AVE MIAMI, FL 33142</b>
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01072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-0729196</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FERBER, SANDRA 4401 N W 37 AVENUE MIAMI, FL 33142</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERBER, STANLEY 4401 N.W. 37 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERBER, LAURA 4401 N.W. 37 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERBER, SANDRA 4401 N.W. 37 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FERBER, STEPHEN 4401 NW 37 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SOLOMON, PERRY 4401 BW 37 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLACK, GREG 4401 N W 37TH AVE MIAMI, FL

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04/25/05-80164-023 150.00

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 if changed, or on an attachment with an address with all other like empowered.

<b>SIGNATURE</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4-20-05</b> _____ <small>Date</small>	<b>305-633-9823</b> _____ <small>Daytime Phone #</small>
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