## 2005 FOR PROFIT CORPORATION

## Feb 18, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # 327063** 02-18-2005 90071 001 \*\*\*300.00 SIRGANY WHOLESALE DISTRIBUTORS, INC. Principal Place of Business Mailing Address 6910 NW 12TH STREET MIAMI INTERNATIONAL AIRPORT BUILDING B PO BOX 59-2313 MIAMI, FL 33126 MIAMI, FL 33159 No Chg-P CR2E034 (10/03) 01312005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1235768 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KAYAL, RAYMOND J DO NOT WRITE 6910 NW 12 ST MIAMI, FL 33126 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE KAYAL, RAYMOND J NAME 6850 SW 99 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 STD KAYAL, LORAINE S NAME 6850 SW 99 TERR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 in with all other like empowered.

SIGNATURE: <

NAME STREET ADDRESS CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**