

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 374861

1. Entity Name
INTERNATIONAL DISTRIBUTION CENTER, INC.



Principal Place of Business

**% JOHN H. CASSIDY
3680 N.W. 73RD. ST.
MIAMI, FL 33147**

Mailing Address

**% JOHN H. CASSIDY
3680 N.W. 73RD. ST.
MIAMI, FL 33147**



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEL Number
59-1313863

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CASSIDY, JOHN H SR.
3680 N.W. 73RD ST.
MIAMI, FL 33147**

**DO NOT WRITE
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]* **-Pros**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000525726
05/04/06-80044-024 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASSIDY, JOHN H.
STREET ADDRESS	4811 ROOSEVELT ST
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	ST
NAME	CASSIDY, KATHLEEN A.
STREET ADDRESS	4811 ROOSEVELT ST.
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	P
NAME	CASSIDY, PAUL F
STREET ADDRESS	4717 POLK ST
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	ST
NAME	COLLIER, MARTHA
STREET ADDRESS	11700 WATERBEND CT
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* **-Pros**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 305 836 6900
Date Daytime Phone # **5-18**