

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-01-2004 90008 045 ***150.00

DOCUMENT # 440731 1. Entity Name DISTRITO TRUCKING INC.																																																																																																																													
Principal Place of Business 21801 SW 167TH AVE PO BOX 506 GOULDS, FL 33170			Mailing Address PO BOX 506 GOULDS, FL 33170																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		Zip																																																																																																																									
Country		Country		01192004 Chg-P CR2E034 (10/03)																																																																																																																									
4. FEI Number 59-1580057				Applied For ☐ Not Applicable																																																																																																																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				66412024																																																																																																																									
6. Name and Address of Current Registered Agent STRITO, JOE 21801 SHAYTON GOULDS 33170 MIAMI, FL 33170				7. Name and Address of New Registered Agent Name JOSEPH DISTRITO Street Address (P.O. Box Number is Not Acceptable) 21801 SW 167 AVE. City MIAMI FL Zip Code 33170																																																																																																																									
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																																																																																																																									
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																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>PS DISTRITO, A. CATHERINE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>21801 SW 167 AVE GOULDS, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>DISTRITO, JOSEPH</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>21801 SW 167 AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>GOULDS, FL</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	PS DISTRITO, A. CATHERINE		STREET ADDRESS			CITY-ST-ZIP	21801 SW 167 AVE GOULDS, FL		CITY-ST-ZIP			TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	DISTRITO, JOSEPH		NAME			STREET ADDRESS	21801 SW 167 AVE		STREET ADDRESS			CITY-ST-ZIP	GOULDS, FL		CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																																										
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition																																																																																																																								
STREET ADDRESS	PS DISTRITO, A. CATHERINE		STREET ADDRESS																																																																																																																										
CITY-ST-ZIP	21801 SW 167 AVE GOULDS, FL		CITY-ST-ZIP																																																																																																																										
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																								
NAME	DISTRITO, JOSEPH		NAME																																																																																																																										
STREET ADDRESS	21801 SW 167 AVE		STREET ADDRESS																																																																																																																										
CITY-ST-ZIP	GOULDS, FL		CITY-ST-ZIP																																																																																																																										
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																								
NAME			NAME																																																																																																																										
STREET ADDRESS			STREET ADDRESS																																																																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																										
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																								
NAME			NAME																																																																																																																										
STREET ADDRESS			STREET ADDRESS																																																																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																										
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition																																																																																																																								
NAME			NAME																																																																																																																										
STREET ADDRESS			STREET ADDRESS																																																																																																																										
CITY-ST-ZIP			CITY-ST-ZIP																																																																																																																										
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 employment.																																																																																																																													
SIGNATURE: \$150.00 4-6-04																																																																																																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																													