

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

07-26-2004 90003 012 ***150.00
673699

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

66432258



MOORE CR2E034 (11/03)

DOCUMENT # 673699 1. Entity Name HERALD SQUARE DISTRIBUTOR COMPANY					
Principal Place of Business % VICENTE LOPEZ A-208 MIAMI FL 33125 US			Mailing Address 1901 NW NORTH RIVER DR. A-208 MIAMI FL 33125 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2008393	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, VICENTE 1901 NW NORTH RIVER DR. A 208 MIAMI FL 33125				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, VICENTE 1901 NW NORTH RIVER DR. #A-208 MIAMI FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOPEZ, BEATRIZ 1901 NW NORTH RIVER DR. #A-208 MIAMI FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Vicente Lopez</i> SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR			Date <i>7/20/04</i> Daytime Phone # _____		

Attachment
HERALD SQUARE DISTRIBUTOR COMPANY
1901 NW N. River Dr. #A-208
Miami, Florida 33125

66432258

August 11, 2004

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Ref.: 2004 Annual Report
Document #673899
Herald Square Distributor Company

Dear Sir (Madam),

The purpose of this letter is to inform you that the reason I paid late is that I have been ill and hospitalized. And during this period my mail piled up and the card to renew the annual report got lost in the shuffle. This is the first time you mailed a plain white card instead of the large red and white envelop type report that you have always mailed in the past, therefore I wasn't expecting a card that can easily be lost. Now that I know, it will not happen again. I did see that those people that also lost or never received the card can get an extension of payment until September 8, 2004 according to your website. Since you already have my payment of \$150.00, I would appreciate if you can waive the penalty.

Sincerely,

Vicente Lopez
Vicente Lopez
President