

# ANNUAL REPORT

**DOCUMENT # 678158**

1. Entity Name  
L.E.S. DISTRIBUTORS, INC.



**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90035 034 \*\*\*150.00

Principal Place of Business  
8810 NW 24 TERRACE  
MIAMI, FL 33032-2418 US

Mailing Address  
PO BOX 227458  
MIAMI, FL 33122-7458



2. Principal Place of Business

1665 NW 102 AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE 105

City & State

MIAMI FL

City & State

Zip

33172

Country

US

Zip

Country

03302004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2019359

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROESCH, KARL L II  
8810 NW 24TH TERRACE  
MIAMI, FL 33172

7. Name and Address of New Registered Agent

Name

KARL ROESCH

Street Address (P.O. Box Number is Not Acceptable)

1665 NW 102 AVE

SUITE 105

City

MIAMI

FL

Zip Code

33172

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

*Karl L. Roesch*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/04

**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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTD  
ROESCH, KARL L II  
8888 N.W. 24TH TERRACE  
MIAMI, FL 33032

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VSD  
KACARAB, GREGORY  
2310 FOUNDATION DR  
SOUTH BEND, IN 46628

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTD  
ROESCH, KARL L II  
1665 NW 102 AVE SUITE 105  
MIAMI, FL 33172

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ 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:

*Karl L. Roesch*

KARL L. ROESCH II

4/10/04

305-5936131