


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90033 017 ***158.75

DOCUMENT # F02000005581

1. Entity Name
OVERSEAS DISTRIBUTORS INCORPORATED



Principal Place of Business Mailing Address

3212 N 40TH STREET 3719 Corporex PARK 11532 EAST HARDY RD
1038 DRIVE, SUITE # 600 HOUSTON, TX 77093
TAMPA, FL 33605 33619

DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 81-0563714	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOY, JAMES F
15520 WOODWAY DR
TAMPA, FL 33613

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P MITTAL, TARSEM 207 PARK DOMINION DR HOUSTON, TX 77090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MITTAL, SANJEEV P207 OLD DOMINION PARK HOUSTON, TX 77090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITTAL, SANTOSH 207 PARK CONDOMINION DR HOUSTON, TX 77090
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Tarsem Mittal **TARSEM MITTAL** 3/17/2004 281-219-2190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #