


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F53803**

1. Entity Name  
 TRUJILLO AND SON DISTRIBUTORS, INC.



Principal Place of Business  
 328 N.W. 29 STREET  
 MIAMI, FL 33127

Mailing Address  
 328 N.W. 29 STREET  
 MIAMI, FL 33127

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-2150457

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

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

TRUJILLO, PABLO E  
 212 S.W. 19TH RD.  
 MIAMI, FL 33129

**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

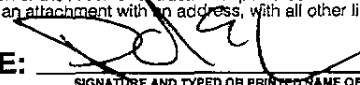
U00000130515  
 04/26/04-80122-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TRUJILLO, PABLO E
STREET ADDRESS	212 S.W. 19TH RD.
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	TD
NAME	TRUJILLO, ELOINA
STREET ADDRESS	240 S.W. 19TH RD.
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(f), 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:**  **PABLO E. TRUJILLO, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #