


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F53803 1. Entity Name TRUJILLO AND SON DISTRIBUTORS, INC.	
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Principal Place of Business 328 N.W. 29 STREET MIAMI, FL 33127	Mailing Address 328 N.W. 29 STREET MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

4. PEI Number 69-2150467	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

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

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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 PEI if applicable. (NOTE: Registered Agent's signature required when filing.)

FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	TRUJILLO, PABLO E
STREET ADDRESS	212 S.W. 19TH RD.
CITY-STATE-ZIP	MIAMI, FL 33129
TITLE	TD
NAME	TRUJILLO, ELCINA
STREET ADDRESS	240 S.W. 19TH RD.
CITY-STATE-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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U00000352216
05/03/05-80019-004 150.00

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(2)(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 807, 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 fee empowers.

SIGNATURE: **X [Signature]** **PABLO TRUJILLO, PRES.** 4/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date City/State/Phone #