


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F74992</b> 1. Entity Name KAELBEL WHOLESALE, INC.	
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Principal Place of Business 2501 SW 31 STREET FT LAUDERDALE, FL 33312 US	Mailing Address 2501 SW 31 STREET FT LAUDERDALE, FL 33312 US
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06302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number 59-2186876	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KAELBEL, MAUREEN 2501 SW 31 STREET FT. LAUDERDALE, FL 33312
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature entered when renewing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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	PS KAELBEL, EDOUARD J 3000 NE 40TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT KAELBEL, MAUREEN A 3000 NE 40TH ST FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000164226  
07/07/04-80035-011 550.00

**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 or without power of attorney.

SIGNATURE: Maureen Kaelbel MAUREEN Kaelbel 7/2/04 954-797-7789  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #