

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90075 042 ***150.00

DOCUMENT #	F95000000065
1. Entity Name	ANPESIL DISTRIBUTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7001 ROUSTEIN AVENUE Suite, Apt. #, etc.	3. Mailing Address 7001 ROUSTEIN AVENUE Suite, Apt. #, etc.
City & State NORTH BERGEN, NJ	City & State NORTH BERGEN, NJ
Zip 07047	Country

4. FEI Number 22-2027334	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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10091158

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name PELAE, EMILIO	
Street Address (P.O. Box Number is Not Acceptable) 7190 NW 12TH STREET	
City MIAMI	Zip Code FL 33126

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 required when reinstating)	DATE
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January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELAEZ JR, ANTONIO 7001 ROUSTEIN AVENUE NORTH BERGEN, NJ 07047	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALPIZAR, OLGA 7001 ROUSTEIN AVENUE NORTH BERGEN, NJ 07047	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PELAEZ II, EMILIO M 7001 ROUSTEIN AVENUE NORTH BERGEN, NJ 07047	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PELAEZ, ANTONIO 7001 ROUSTEIN AVENUE NORTH BERGEN, NJ 07047	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 on an attachment with an address, with all other like empowered.

SIGNATURE:	EMILIO M PELAEZ, II TREASURER	4/1/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #