2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/8/2(

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-08-2004 90034 036 ***150.00

DOCUMENT # G54271

1. Entity Name
MARK LINE DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
2748 OAK TREE LANE P.O. BOX 9841 FT. LAUDERDALE, FL 33310	2748 OAK TREE LANE P.O. BOX 9841 FT. LAUDERDALE, FL 33310

01292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
451 SW 12 AVE	P.O. BOX 9841
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch, FL	City & State: Ft Lauderdale, FL
Zip: 33069 Country: BROWARD	Zip: 33310 Country: BROWARD

4. FEI Number 59-2321631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KERSHAW, JAMES L.
2641 NORTH ANDREWS AVE.
FT. LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent

Name: LAW OFFICE OF RICHARD A. LEYDIG JR.
Street Address (P.O. Box Number is Not Acceptable): 107 S.E. 10TH ST.
City: Ft. Lauderdale, FL Zip Code: 33316 U.S.A.

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] CHARLES R. MORGENSTERN 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMILEY, WARREN G., JR. 2748 OAK TREE LN FT. LAUDERDALE, FL	☐ Delete	PD WARREN G. SMILEY, JR 451 SW 12 AV. POMPANO BCH FL 33069	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 [signature] WARREN G SMILEY, JR 4/21/04 954-782-8364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #