
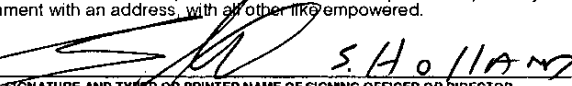


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90026 045 \*\*\*158.75

<b>DOCUMENT # G54447</b> 1. Entity Name <b>AUGUST FOOD DISTRIBUTORS, INC.</b>					
Principal Place of Business <b>500 N.E. 185TH ST. NORTH MIAMI FL 33179</b>			Mailing Address <b>500 N.E. 185TH ST. NORTH MIAMI FL 33179</b>		
2. Principal Place of Business <b>7040 W. PALMITO PARK</b>		3. Mailing Address <b>7040 W. PALMITO PARK</b>			
Suite, Apt. #, etc. <b>#4 - P.M.B. 232</b>		Suite, Apt. #, etc. <b>#4 - P.M.B. 232</b>			
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>			
Zip <b>33433</b>		Country <b>U.S.A.</b>		Zip <b>33433</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>			
6. Name and Address of Current Registered Agent  <b>HOLLAND, SOLOMON 7407 SILVERWOODS CT. BOCA RATON FL 33433</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLAND, SOLOMON 7407 SILVERWOODS CT. BOCA RATON FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b>  <b>S. HOLLAND</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <b>3/10/05</b> Daytime Phone # <b>561-620-4854</b>					