2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 0

ANNUAL REPORT			Mar 29, 2004 08:00 A		
DOCUMENT # J64491			Sec	retary of State	
GATÓR DISTRIBUTION RESOURCES	s, INC.		, 100 mm - 1		
Principal Place of Business	Mailing Address				
4040 N.W. 72 AVE.	4040 N.W. 72 AVE.				
MIAMI, FL 33166	MIAMI, FL 33166				
			03012004	No Chg-P	CR2E034 (10/03)
DO NOT WRITE	CE	4. FEI Numb		Applied For	
		_	65-005		Not Applicable
		and the same of th	5. Certificate	e of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Re	agistered Agent				Lee uedanen
LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER, SUITE 3550	***************************************	DO NOT WRITE			
TWO SOUTH BISCAYNE BLVD	IN THIS SPACE				
MIAMI, FL 33131		ł	** 4		,,,,,,
The above named entity submits this statement for the stateme	h- number of charging the vocable	rad office or registr	rad agast or be	oth in the State of Ele	orido. Lam familiar with and pagent
the obligations of registered agent.	tie hathose as estanding us tefasse	ien cuice di teflisie	ad agailt, or br	ous, minister charge of the	orag, 1 accoming with mac accom-
SIGNATURE	<u> </u>	<u></u>		· <u>· · · · · · · · · · · · · · · · · · </u>	<u> </u>
Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Register	red Agent signature required	(griftsterier herhwit	, 	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be led to Fees	Unnigo 03/29/04-)098746 -80052-023 158.75
10. OFFICERS AND D	RECTORS 440	I .			
TITLE PD		1			
NAME HAMMEL, JAMES STREET ADDRESS 4040 NW 72ND AVE	1				
CITY-ST-ZIP MIAMI, FL	1, <u>1,</u>	,			
TITLE STD		T			
NAME HAMMEL, JOHN STREET ADDRESS 4040 NW 72ND AVE	*				
CITY-ST-ZIP MIAMI, FL					<u> </u>
TITLE					
NAME STREET ADDRESS		l			
CITY-ST-ZIP			DO	NOT W	RITE
TITLE		1	INI '	THIS SE	PACE
NAME			714		70-
STREET ADDRESS CITY-ST-ZIP					
TITLE	<u>*</u>	1			
NAME		1			
STREET ADDRESS ONY-ST-ZIP		1			
TITLE	. <u> </u>				

12. I hereby certify that the information supplied with this filling does not quality 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 faceiver 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 of all like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

124/04 (305)477-430

Daytime Phone #