


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K83893**  
 1. Entity Name  
 GARPER DISTRIBUTORS, INC.



Principal Place of Business      Mailing Address  
 5795 W FLAGLER ST      5795 W FLAGLER ST  
 MIAMI, FL 33144 US      MIAMI, FL 33144 US

**DO NOT WRITE IN THIS SPACE**



01272005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0116423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PEREZ, JOSE A  
 5795 W FLAGLER ST.  
 MIAMI, FL 33144

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000227440  
 1/27/05-80056-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT PERES, BERTHA M 8134 SW 205 TERR MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PEREZ, ANDRES 8134 SW 205 TERR MIAMI, FL 33189
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREZ, JOSE A 8134 SW 205 TERR MIAMI, FL 33189
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)(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 all other like empowered.

SIGNATURE: Jose A Perez President      1/27/05      305-269-7972

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #