


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M20825</b> 1. Entity Name S & A DISTRIBUTORS OF MIAMI, INC.	
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Principal Place of Business 1800 NW 94 STREET MIAMI, FL 33172	Mailing Address C/O IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DR., SUITE 507 MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2579171	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES, INC  
601 BRICKELL KEY DRIVE  
507  
MIAMI, FL 33131

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN0000099754 05-31704-80019-006 159.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT SAMOUR, GEORGE 1800 NW 94 AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCVP SAMOUR, ANTON 1800 NW 94 STREET MIAMI, FL 33172
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IN THIS SPACE**

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:  **ANTON SAMOUR** (305) 371-9213

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

GEORGE SAMOUR, President