


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 08:00 AM
Secretary of State

DOCUMENT # M95685 1. Entity Name ELAL DISTRIBUTORS, INC.	
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Principal Place of Business 836 SW 134TH PLACE MIAMI, FL 33184	Mailing Address 1901 SW 99TH COURT MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



05132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0070007	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BARROCAS, ELIAS 836 SW 134 PLACE MIAMI, FL 33184
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**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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BARROCAS, GASTON 1901 S.W 99 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BARROCAS, ELIAS 836 SW 134 PLACE MIAMI, FL
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IN THIS SPACE**

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05/17/04-80005-010 150.00

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 registered agent 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:  **ELIAS BARROCAS**
PRESIDENT
Date: **5/14/04** Daytime Phone #: **305-554-8233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR