2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

TYPED OR PRINTED NAME OF

May 05, 2004 8:00 am Secretary of State DOCUMENT # P0000003399 05-05-2004 90225 007 ***150.00 J & R DISTRIBUTOR ENTERPRISES, INC. Principal Place of Business Mailing Address 1420 GEMINI BLVD., #9 P 0 BOX 772324 ORLANDO, FL 32837 ORLANDO, FL 32837 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3623073 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hernand HERNANDEZ, LLADIRA D Street Address (P.O. Box Number is Not Acceptable) 13051 BROAKFIELD CIR APOPKA, FL 32703 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. IOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE D ☐ Delete TITLE ☐ Change ☐ Addition HERNANDEZ, LLLADIRA NAME NAME STREET ADDRESS 507 PORTLAND CIR. STREET ADDRESS CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP D ☐ Delete TITLE TITLE Change Addition AĞUERO, RAMON A JR. NAME NAME 507 PORTLAND CIR. STREET ADDRESS APOPKA, FL 32703 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE AGUERO, JUAN S NAME NAME STREET ADDRESS STREET ADDRESS 507 PORTLAND CIR. CITY-ST-ZIP APOPKA, FL 32703 CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete --TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

407-682-795