


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90032 027 ***150.00

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|---|---|
| DOCUMENT # P00000009811 1. Entity Name CHARLES STELLAR FOOD DISTRIBUTORS, INC. |  |
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| Principal Place of Business 900 LINTON BLVD STE #102 DELRAY BEACH, FL 33444 | Mailing Address 900 LINTON BLVD STE #102 DELRAY BEACH, FL 33444 |
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01282004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0983640 | Applied For 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 STARK, TIMOTHY E 6800 E CYPRESS HEAD DR PARKLAND, FL 33067 | DO NOT WRITE IN THIS SPACE |
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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.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STARK, TIMOTHY E 6800 E CYPRESS HEAD DR PARKLAND, FL 33067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEPANICIS, DANTE A 6394 SQUIREWOOD WAY LAKE WORTH, FL 33467 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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)(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.

SIGNATURE: Dante A. Depanicis VP DANTE A. DEPANICIS 1/21/04 561/330-2270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #