

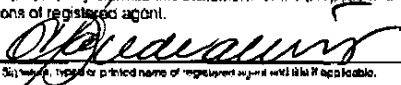
FROM

(WED) MAR 17 200

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90002 033 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P00000013212			
1. Entity Name UNIVERSAL DISTRIBUTION TECHNOLOGIES CORP.			
Principal Place of Business 7293 NW 72ND AVENUE MIAMI, FL 33126		Mailing Address 7293 NW 72ND AVENUE MIAMI, FL 33126	
2. Principal Place of Business 7293 NW 12th ST.		3. Mailing Address 7293 NW 12th ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33126		Country USA	
4. PEI Number 65-0979135		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		03172004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent PIEDRAHITA, GABRIEL J 7293 NW 72ND STREET MIAMI, FL 33126		7. Name and Address of New Registered Agent Name PIEDRAHITA, GABRIEL J. Street Address (P.O. Box Number is Not Acceptable) 7293 N.W. 12th STREET City MIAMI FL Zip Code 33126	
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  03/17/04 Signature typed or printed name of registrant agent and filer if applicable. (NOTE: Registered Agent's signature is required when registering.) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PIEDRAHITA, GABRIEL J. 7293 NW 72ND AVENUE MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PIEDRAHITA, GABRIEL J. ☒ Change ☐ Addition 7293 NW 12th ST. MIAMI FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 licensee 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:  03/17/04 305 468 9333		Date Daytime Phone	

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