

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90001 013 \*\*\*150.00

**DOCUMENT # P00000027822**

1. Entity Name  
**STARLINE DISTRIBUTORS, INC.**



Principal Place of Business  
**10435 NW 29TH TERR.  
MIAMI, FL 33172**

Mailing Address  
**10435 NW 29TH TERR.  
MIAMI, FL 33172**

**54067637**



2. Principal Place of Business  
**12314 SW 127th Ave.**  
Suite/Apt./# etc.

3. Mailing Address  
Suite/Apt./# etc.

08062004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL**  
Zip  
**33186**

City & State  
Zip

Country

4. FEI Number  
**65-0990461**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMARCHE, LUIS CARLOS  
10435 NW 29TH TERR.  
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**12314 SW 127th Ave**  
City  
**MIAMI** FL Zip Code  
**33186**

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	PD LAMARCHE, LUIS CARLOS 10435 NW 29TH TERR. MIAMI, FL 33172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lamarche, Luis Carlos 12314 SW 127th Ave. MIAMI, FL 33186	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/4/04

Attachment  
54067637

August 4, 2004

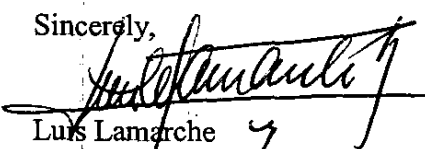
Department of State  
Division of Corporations  
Tallahassee, FL 32314

Subject: Starline Distributors Inc.  
Doc #: P00000027822

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2004 filing year. According to your records, you never received an annual report for our corporation. We are sending a filled out annual report to your Department because we never received the original report. Also I did not realize that no reports were being mailed out anymore. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize for any inconvenience this may have caused. If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

  
Lurs Lamarche  
President