2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000082098

FILED
03 DEC -9 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B13692 AT

1. Entity Name
FLORIDA SOUTH DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
1177 NW 81ST STREET MIAMI FL 33150	P O BOX 960325 MIAMI FL 33296

REINSTATEMENT 03
☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
11950 SW 144 Ct	P.O. Box 960325
Suite, Apt. #, etc.: Bay-#4	Suite, Apt. #, etc.
City & State: Miami FL.	City & State: Miami FL.
Zip: 33186 Country: USA	Zip: 33296 Country: USA

4. FEI Number 65-1037256 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENRIQUEZ, PETER 1177 NW 81ST STREET MIAMI FL 33150	Name: Carlos Enriquez Street Address (P.O. Box Number is Not Acceptable): 11950 SW 144 Ct 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: Carlos Enriquez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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	PD ENRIQUEZ, PETER 1177 NW 81ST ST. MIAMI FL 33150	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D. Carlos Enriquez 11950 SW 144 Ct Miami, FL. 33186	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200024416972 11/04/03--01080--004 **558.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200024416972 12/09/03--01014--026 **200.00	☐ Change ☐ Addition
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CR2E034 (4/03)

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: Carlos Enriquez SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 305-408-3034 Daytime Phone #