


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000011352	
1. Entity Name ABREU DISTRIBUTORS, INC.	

Principal Place of Business 1900 SOUTHWEST 96TH AVENUE MIRAMAR, FL 33025	Mailing Address 1900 SOUTHWEST 96TH AVENUE MIRAMAR, FL 33025
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02172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0402847	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

ABREY, CARLOS  
1800 SW 96TH AVE  
MIRAMAR, FL 33025

**DO NOT WRITE  
IN THIS SPACE**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

U000000072773  
03/02/04-80008-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD ABREU, CARLOS A 1900 SOUTHWEST 96TH AVENUE MIRAMAR, FL 33025
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**DO NOT WRITE  
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: 

Carlos Abreu

2/16/04

954-433-8018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number