


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-10-2004 90021 044 \*\*\*150.00

<b>DOCUMENT # P01000017991</b> 1. Entity Name <b>DANIA DISTRIBUTION CENTRE, INC.</b>					
Principal Place of Business <b>3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021</b>			Mailing Address <b>3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business <b>18851 NE 29th Ave</b> Suite, Apt. #, etc. <b>900</b>		3. Mailing Address <b>18851 NE 29th Ave</b> Suite, Apt. #, etc. <b>900</b>			
City & State <b>Aventura - FL</b> Zip <b>33180</b>		City & State <b>Aventura - FL</b> Zip <b>33180</b>		Country <b>USA</b>	
4. FEI Number <b>65-1082139</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROUSSO, MARK E ESQ 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name <b>Roussso, Mark E.</b> Street Address (P.O. Box Number is Not Acceptable) <b>18851 NE 29th Ave # 900</b> City <b>Aventura</b> <b>FL</b> <b>33180</b>		
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 <u><b>Mark Roussso</b></u> DATE <u><b>03/04/04</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HAWLEY, XAVIER</b> <input checked="" type="checkbox"/> Delete <b>3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>Boulanger, Lauris</b> <b>18851 NE 29th Ave Suite 900</b> <b>Aventura FL 33180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>ROUSSO, MARK E</b> <input type="checkbox"/> Delete <b>3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VS D</b> <b>Roussso, Mark E</b> <b>18851 NE 29th Ave #900</b> <b>Aventura FL 33180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>BOULANGER, LAURIS</b> <input type="checkbox"/> Delete <b>3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SD</b> <b>Boulanger Lauris</b> <b>18851 NE 29th Ave #900</b> <b>Aventura FL 33180</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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)(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: <u><b>Mark E. Roussso</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><b>03/04/04</b></u> <small>Date</small>		