

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000025494

1. Entity Name
INTERNATIONAL EXPORT DISTRIBUTORS, CORP.



Principal Place of Business
6001 BROKEN SOUND PARKWAY
STE #420
BOCA RATON, FL 33487

Mailing Address
306 ALCAZAR AVE.
SUITE 302
CORAL GABLES, FL 33134



03182004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1084443

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, FERNANDO
6001 BROKEN SOUND PARKWAY, STE 420
BOCA RATON, FL 33487

**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

UG00000136508
04/28/04-80093-010 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RODRIGUEZ, FERANANDO
STREET ADDRESS 6001 BROKEN SOUND PARKWAY, STE 420
CITY - ST - ZIP BOCA RATON, FL 33487

TITLE VD
NAME ORDONEZ, ADRIANA
STREET ADDRESS 6001 BROKEN SOUND PARKWAY, STE 420
CITY - ST - ZIP BOCA RATON, FL 33487

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-21-04