

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000041820

1. Entity Name
A-1 A.M. DISTRIBUTORS, INC.



Principal Place of Business

3901 WEST 18TH AVENUE
901A
HIALEAH, FL 33012

Mailing Address

C/O J. MARONA
7162 PEMBROKE RD
MIRAMAR, FL 33023



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1098739

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTINEZ, ANDRES
3901 WEST 18TH AVENUE, 901A
HIALEAH, FL 33012

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

U000000079520

03/06/04 08069 080 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MARTINEZ, ANDRES
STREET ADDRESS 3901 WEST 18TH AVENUE 901
CITY-ST-ZIP HIALEAH, FL 33012

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #