FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91884 031 ***150.00

DOCUMENT # P01000042803

1. Entity Name
ITALIAN Import DISTRIBUTORS INC.

JU129165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13725 SW 84 street #G	13725-G SW 84 Street
Suite, Apt. #, etc.: #G	Suite, Apt. #, etc.: #G
City & State: MiAmi	City & State: MiAmi
Zip: FL Country: 33183	Zip: FL Country: 33183 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1099905 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ANNA MONASHEVICH

Street Address (P.O. Box Number is Not Acceptable): 13725-G SW 84 Street

City: MiAmi FL Zip Code: 33183

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] 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PP MONASHEVICH ANNA 13725 SW 84 St #G MIAMI, FL 33183-4035 delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MONASHEVICH MICHAEL 13725-G SW 84 ST #G, Miami
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MICHAEL MONASHEVICH (CHANGE) 13725 SW 84 STREET Ste #G MIAMI, FL 33183
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #