

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058590

Entity Name: TOP AMERICAN DISTRIBUTORS, INC

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

145 MADEIRE AVE
SUITE 203
CORAL GABLES, FL 33134

Current Mailing Address:

145 MADEIRE AVE
SUITE 203
CORAL GABLES, FL 33134

New Principal Place of Business:

145 MADEIRA AVE
SUITE 203
CORAL GABLES, FL 33134

New Mailing Address:

145 MADEIRA AVE
SUITE 203
CORAL GABLES, FL 33134

FEI Number: 65-1112251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUIRRE, RAMON
1100 SALZERO STREET
APT 1-A
CORAL GABLES,, FL 33134 US

Name and Address of New Registered Agent:

AGUIRRE, RAMON
1100 SALZEDO STREET
APT 1-A
CORAL GABLES,, FL 33134 US

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.

SIGNATURE:

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: AGUIRRE, RAMON
Address: 1100 SALZEDO STREET
City-St-Zip: APT 1-A, FL 33134

Title: DV () Delete
Name: ASHUH, SARAH A
Address: 3642 SW 16TH TERR
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON AGUIRRE

DP

01/10/2005

Electronic Signature of Signing Officer or Director

Date