

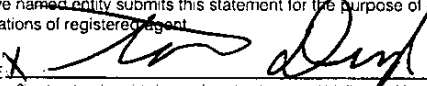
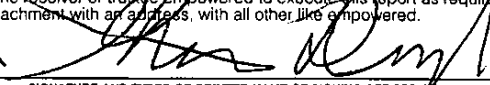


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90048 039 ***150.00

DOCUMENT # P01000077991 1. Entity Name DELI CLASSICS DISTRIBUTERS, INC.					
Principal Place of Business 7498 PINE FOREST CIRCLE EAST LAKE WORTH, FL 33467				Mailing Address 7498 PINE FOREST CIRCLE EAST LAKE WORTH, FL 33467	
2. Principal Place of Business 23054 POST GARDENS WAY Suite, Apt. #, etc. # 402		3. Mailing Address 23054 POST GARDENS WAY Suite, Apt. #, etc. # 402			
City & State BOCA RATON FL		City & State BOCA RATON FL		04042005 Chg-P CR2E034 (10/03)	
Zip 33433		Country USA		4. FEI Number 65-1145582	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MULHOLLAND, MARCIA 7198 PINE FOREST CIRCLE EAST LAKE WORTH, FL 33467			7. Name and Address of New Registered Agent Name TOM DINZLER Street Address (P.O. Box Number is Not Acceptable) 23054 POST GARDENS WAY #402 City BOCA RATON FL Zip Code 33433		
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:  x 4-10-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DINZLER, TOM <input type="checkbox"/> Delete 7198 PINE FOREST CIRCLE EAST LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23054 GARDENS WAY #402 BOCA RATON FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MULHOLLAND, MARCIA L <input checked="" type="checkbox"/> Delete 7198 PINE FOREST CIRCLE EAST LAKE WORTH, FL 33467		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	
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: 			x 4-10-05 561 255 4383		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TOM DINZLER			Date Daytime Phone #		