2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

06-17-2004 90001 030 ***150.00
09-13-2004 90011 015 ***400.00

DOCUMENT # P01000087955

1. Entity Name
LFP GLOBAL DISTRIBUTION, INC.

24085161

Principal Place of Business	Mailing Address
2255 NE 7TH PLACE HOMESTEAD, FL 33033	2255 NE 7TH PLACE HOMESTEAD, FL 33033

03232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2255 SE 7th Place	2255 SE 7th Place
Suite, Apt. #, etc.: 4	Suite, Apt. #, etc.
City & State: Homestead, Florida	City & State: Homestead, Florida
Zip: 33033 Country	Zip: 33033 Country

4. FEI Number 00-0200619 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PERSAUD, FIZUDEEN L
2255 NE 7TH PLACE
HOMESTEAD, FL 33033

7. Name and Address of New Registered Agent
Name: Persaud, Fizudeen L
Street Address (P.O. Box Number is Not Acceptable): 2255 SE 7th Place
City: Homestead FL Zip Code: 33033

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, RENZO 2255 NE 7TH PLACE MIAMI, FL 33157	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Persaud, Tricia 2255 SE 7th PL Homestead, FL 33033	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERSAUD, FIZUDEEN LEONARD 2255 SE 7TH PLACE HOMESTEAD, FL 33033	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Tricia Persaud 5/1/04 305-230 9649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #