

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91016 033 ***150.00

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1. Entity Name

SENIORIAL DISTRIBUTORS, INC.



Principal Place of Business

**5420 PIONEER PARK BLVD STE D
TAMPA FL 33634**

Mailing Address

**P.O. BOX 260277
TAMPA FL 33685**

2. Principal Place of Business

5410 PIONEER PARK

3. Mailing Address

Suite, Apt. #, etc.

BLVD, SUITED

City & State

TAMPA, FL

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HILLA, MATIAS
5420 PIONEER PARK BLVD STE D
TAMPA FL 33634**

7. Name and Address of New Registered Agent

Name MILLA, MATIAS

Street Address (P.O. Box Number is Not Acceptable)

5410 PIONEER PARK BLVD

SUITE D

City TAMPA

FL

Zip Code

33634

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]

MATIAS HILLA

04/20/04

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
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	DP	<input type="checkbox"/> Delete
NAME	MILLA, MATIAS	
STREET ADDRESS	5420 PIONEER PARK BLVD STE D	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MILLA, MATILDE Z	
STREET ADDRESS	5420 PIONEER PARK BLVD STE D	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLA FERLITA, MADLEIN	
STREET ADDRESS	5420 PIONEER PARK BLVD STE D	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLA, MATIAS	
STREET ADDRESS	5410 PIONEER PARK BLVD STE D	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	SECRETARY TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLA, MATILDE Z	
STREET ADDRESS	5410 PIONEER PARK BLVD STE D	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERLITA, MADLEIN M.	
STREET ADDRESS	5410 PIONEER PARK BLVD STE D	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATIAS HILLA 04/20/04 813-240-4178

Date

Daytime Phone #