


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90115 015 \*\*\*158.75

<b>DOCUMENT # P02000014588</b> 1. Entity Name <b>WHOLESALEERS OF AMERICA, INC.</b>					
Principal Place of Business 5731 SIMMS STREET HOLLYWOOD, FL 33021			Mailing Address 5731 SIMMS STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business <i>2281 West 4th Ave</i>		3. Mailing Address <i>2281 West 4th Ave.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <i>Hialeah FLA</i>		City & State <i>Hialeah FLA.</i>		4. FEI Number <b>01-0617094</b>	
Zip <i>33010</i>		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AGHA, RASHID</b> <b>5731 SIMMS STREET</b> <b>HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name <i>JEANNETTE CAMPBELL CORREA</i> Street Address (P.O. Box Number is Not Acceptable) <i>10028 S.W. 16th Street</i> City <i>Pembroke Pines</i> <b>FL</b> Zip Code <i>33025</i>		
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 <i>Jeannette Campbell Correa</i> DATE <i>5/1/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGHA, RASHID 5731 SIMMS STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Jeannette Campbell Correa</i>		Date <i>5/1/04</i> Daytime Phone # <i>305-883-0104</i>			