

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000025946

1. Entity Name

NG DISTRIBUTION, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 MAY 14 AM 10:31

Principal Place of Business

10700 S.W. 108TH AVE., #C-205
MIAMI FL 33176

Mailing Address

10700 S.W. 108TH AVE., #C-205
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0020739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CABRERA, MARIANELA
10700 S.W. 108TH AVE., #C-205
MIAMI FL 33176

Name

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

City

FL

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME GARCIA, NELSON
STREET ADDRESS AVENIDA AHRAGRACIA, #106, HIGUEY
CITY-ST-ZIP REPUBLICA DOMINICANA

TITLE ☐ Change ☐ Addition
NAME 100037766961
STREET ADDRESS 06/08/04--01031--015 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

N.G. Distribution, Inc.

10700 S.W. 108th Avenue # C-205
Miami, Florida 33176

May 3, 2004

State of Florida
Division of Corporation
409 East Gains Street
Tallahassee, Florida 3239

Corporation Document No. PO2000025946
Federal ID # 27-0020739

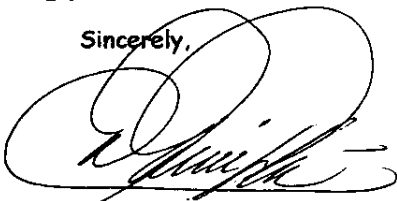
To Whom It May Concern:

I Spoke to a very nice lady in your office. I can't recall her name (Tina or Dina), I Explained that the officer of the corporation is in Dominican Republic and he sent a Federal Express envelope to your office and forgot to enclose the corporation renewal form and the check he sent has no information that can identify the corporation. She ask me to resubmit the check for the fee, the form and a letter explaining what had happened.

Enclosed please find the corporation renewal form, a check for the fee and copy of the check sent via Federal Express # 844311448193, from Nelson Garcia in Dominican Republic.

Thank you for your kind attention to this matter. I would greatly appreciate your help in correcting this mistake on my part.

Sincerely,



Nelson A. Garcia
President
N.G. Distribution, Inc.