

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90061 010 ***150.00

DOCUMENT # P02000026779

1. Entity Name
AM DISTRIBUTION CORP

Principal Place of Business
**829 COUNTRY CROSSING CT.
KISSIMMEE, FL 34744**

Mailing Address
**7802 KINSPPOINT PKWY
20B
ORLANDO, FL 32019**

24021491



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207-A

03102004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

03-0407551

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**J.A.O. SERVICES, INC.
7802 KINSPPOINT PKWY
STE 207B
ORLANDO, FL 32819**

Name

Alberto B. Artigas

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

829 Country Crossing Ct.

City

Kissimmee

FL

Zip Code

34744

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)

03/10/04

DATE

**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 **P** ☐ Delete
NAME **MILLER, ALVA**
STREET ADDRESS **829 COUNTRY CROSSING CT**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

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

TITLE **V** ☐ Delete
NAME **ARTIGAS, ALBERTO G**
STREET ADDRESS **829 COUNTRY CROSSING CT**
CITY-ST-ZIP **KISSIMMEE, FL 34744**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/10/04

Date

407/344-3606

Daytime Phone #