2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 23, 2005 8:00 am **DOCUMENT # P02000065939 Secretary of State** 1. Entity Name 02-23-2005 90068 039 ***150.00 CARSUE DISTRIBUTION CO., INC. Principal Place of Business Mailing Address 7822 KINGSPOINTE PKWY 7822 KINGSPOINTE PKWY ORLANDO FL 32819 ORLANDO FL 32819 3. Mailing Address 2. Principal Place of Business 613 TRIUMPH COURT 613 TRIUMPH COURT Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) UNIT #4 UNIT#4 City & State 4. FEI Number Applied For City & State 03-0467919 ORLANDO, FL ORLANDO, Not Applicable Country USA Zip 3ス805 \$8.75 Additional 5. Certificate of Status Desired 32805 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARIO CICOTTI CICOTTI, SUSAN Street Address (P.O. Box Number is Not Acceptable) 6 13 TRIUMPH COURT UNIT#4 1928 FIJI CIRCLE ORLANDO FL 32808 32805 ORLANDO 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. MARIO CICOTTI - PRESIDENT Mario. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. VICE PRESIDENT TITLE DST ☐ Delete TITLE Change ☐ Addition CICOTTI, BRUNO NAME CICOTTI, BRUNO NAME 613 TRIUMPH COURT UNIT#4 7822 KINGSPOINTE PKWY #48 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 CITY-ST-ZIP ORLANDO, FL 32805 PRESIDENT DP Change Addition TITLE ☐ Delete TITLE CICOTTI, MARIO CICOTTI, MARIO NAME NAME 613 TRIUMPH COURT UNIT# 4 7822 KINGSPOINTE PKWY #48 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32805 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 ☐ Addition TITLE Detete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED

BRUNO C. CICOTTI- VP 2-17-05 407-294-8653