




FILED  
Jun 17, 2003 8:00 am  
Secretary of State

05-02-2003 90237 041 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P02000088721			
<b>1. Entity Name</b> SHILOH BREAD DISTRIBUTING INC			
<b>Principal Place of Business</b> 2591 NW 56TH AVE APT G LAUDERHILL FL 33313		<b>Mailing Address</b> 2591 NW 56TH AVE APT G LAUDERHILL FL 33313	
<b>2. Principal Place of Business</b> 2591 NW 56TH AVE Suite, Apt. #, etc. G		<b>3. Mailing Address</b> SAME Suite, Apt. #, etc. SAME	
<b>City &amp; State</b> LAUDERHILL FL		<b>City &amp; State</b> SAME FL	
<b>Zip</b> FLORIDA	<b>Country</b> USA	<b>Zip</b> SAME	<b>Country</b> SAME
<b>4. FEI Number</b> 20-0000579		<b>Applied For</b> <input type="checkbox"/> CHECK HERE IF MAKING CHANGES <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> WEBB, ROBERT C 3300 PORTROYAL DR APT 117 FORT LAUDERDALE FL 33008		<b>7. Name and Address of New Registered Agent</b> Name: TYRONE PETRUS Street Address (P.O. Box Number is Not Acceptable) 1506 NW 15TH AVE City: FORT LAUDERDALE FL 33311	
<b>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.</b> SIGNATURE:  DATE: 4-30-03 (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> OWNER <b>NAME</b> TYRONE ANTHONY PETRUS <b>STREET ADDRESS</b> 1506 NW 15TH AVE <b>CITY-ST-ZIP</b> FORT LAUDERDALE FL 33311-5403	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> 		4-30-03 954-818-1779 954-533-0550	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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CRCE034 (10/02)