

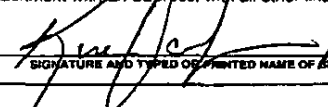


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-10-2004 90030 003 ***150.00

DOCUMENT # P02000088855 1. Entity Name ELITE DISTRIBUTORS, INC.					
Principal Place of Business 5211 NE 29TH AVE FORT LAUDERDALE FL 33308			Mailing Address 5211 NE 29TH AVE FORT LAUDERDALE FL 33308		
2. Principal Place of Business 4811 LYON TECHNOLOGY PARK Suite, Apt. #, etc. B-16		3. Mailing Address Suite, Apt. #, etc. SAME			
City & State COCONUT CREEK, FL		City & State SAME		4. FEI Number 01-0741030	
Zip 33073		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMUELS, HARRY M 3143 ARBOR LANE HOLLYWOOD FL 33021				7. Name and Address of New Registered Agent Name HENRY W. SCHADE, CPA Street Address (P.O. Box Number is Not Acceptable) 225 N.E. MIZNER BLVD. SUITE 250 City BOCA RATON, FL Zip Code 33432	
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  DATE 3-25-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME VOLDI, KIRA - SILENT WANG <input type="checkbox"/> Delete STREET ADDRESS 5211 NE 29TH AVE CITY-ST-ZIP FORT LAUDERDALE FL 33308			TITLE PRESIDENT, CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KIRA VOLPI STREET ADDRESS SAME ADDRESS CITY-ST-ZIP SAME ADDRESS		
TITLE SO <input checked="" type="checkbox"/> Delete NAME SAMUELS, HARRY M STREET ADDRESS 3143 ARBOR LANE CITY-ST-ZIP HOLLYWOOD FL 33021			TITLE V.P., C.O.O., PARTNER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME BILL GERBER STREET ADDRESS 9092 BROAD STREET CITY-ST-ZIP BOCA RATON, FL 33434		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:  PRESIDENT, CEO 3/2/04 954-418-4332 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

66408000



MOORE CR2E034 (11/03)