


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90242 006 ***150.00

DOCUMENT # P02000111836	
1. Entity Name DISTRI ALL CORP	

Principal Place of Business 1634 SW 116 AVE PEMBROKE PINES FL 33025	Mailing Address 1634 SW 116 AVE PEMBROKE PINES FL 33025
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2. Principal Place of Business 4405 SW 160 Ave.	3. Mailing Address 4405 SW 160 Ave.
Suite, Apt. #, etc. 106	Suite, Apt. #, etc. 106
City & State Miramar, FL	City & State Miramar, FL
Zip 33027	Country U.S.A.



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent RUIZ, MENDELSON 1634 SW 116 AVE HOLLYWOOD FL 33025	
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4. FEI Number 41-2069402	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name Ruiz, Mendelson	
Street Address (P.O. Box Number is Not Acceptable) 4405 SW 160 Ave. #106	
City Miramar	Zip Code FL 33027

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOCHES, JULIET 1634 SW 116 AVE HOLLYWOOD FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOCHES, JULIET 4405 SW 160 Ave. #106 Miramar, FL. 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, MENDELSON 1634 SW 116 AVE HOLLYWOOD FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, MENDELSON 4405 SW, 160 Ave. #106 Miramar, FL. 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Juliet Noches - Juliet Noches 02-26-04 (786)282 1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #