
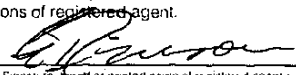
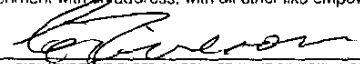


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90004 008 ***150.00

DOCUMENT # P03000010405			
1. Entity Name MARIO'S DISTRIBUTOR TOBACCO, CORP.			
Principal Place of Business 11842 SW 207TH STREET MIAMI, FL 33177		Mailing Address 11842 SW 207TH STREET MIAMI, FL 33177	
2. Principal Place of Business 28004 SW 165 ct		3. Mailing Address 28004 SW 165 ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Homestead FL		City & State Homestead FL	
Zip 33033		Country USA	
4. FEI Number 65-1170580		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAMAYO, MARIO 11842 SW 207TH STREET MIAMI, FL 33177		7. Name and Address of New Registered Agent Name: Mario Tamayo Street Address (P.O. Box Number is Not Acceptable): 28004 SW 165 ct City: Homestead FL Zip Code: 33033	
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: 7/19/04	
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 NAME STREET ADDRESS CITY-ST-ZIP	D TAMAYO, MARIO 11842 SW 207TH STREET MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mario Tamayo 28004 SW 165 ct Homestead FL 33033. <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
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
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: 		DATE: 7/19/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

54064393



Attachment 54064393

**MARIO'S DISTRIBUTOR TOBACCO, CORP.
28004 SW 165 CT
HOMESTEAD, FL 33033**

July 13, 2004

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: MARIO'S DISTRIBUTOR TOBACCO, CORP.
Document#: P03000010405

Dear Sir or Madam:


Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,


Mario Tamayo

MT/re