

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 8:00 am
Secretary of State

08-02-2004 90006 021 ***150.00

DOCUMENT # P03000029395	
1. Entity Name VAZQUEZ-BELLO DISTRIBUTOR CORP.	

Principal Place of Business 259 E 15TH ST HIALEAH, FL 33010	Mailing Address 259 E 15TH ST HIALEAH, FL 33010
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66432237



2. Principal Place of Business State, Apt. #, etc.	3. Mailing Address State, Apt. #, etc.
City & State	City & State
Zip	Country

07292004 Chg-P CR2E034 (10/03)

4. FEI Number 542101560	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VAZQUEZ-BELLO, JORGE H 259 EAST 15TH ST HIALEAH, FL 33010	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

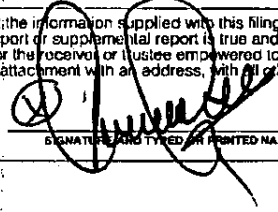
9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAZQUEZ-BELLO, JORGE H 259 E 15 ST HIALEAH, FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAZQUEZ-BELLO, RAFAELA M 259 E 15 ST HIALEAH, FL 33010 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____