2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-29-2004 90313 049 ***150.00 **DOCUMENT # P03000035828** 1. Entity Name **BUSINESS TO BUSINESS DISTRIBUTORS CLEANING &** JANITORIAL SUPPLIES .INC 14010141 Principal Place of Business Mailing Address 701 NW 49TH AVE 701 NW 49TH AVE PLANTATION, FL 33317 PLANTATION, FL 33317 2. Principal Place of Business 1831 W OAK LAND PK 1831 WOAKLAND PK BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 CR2E034 (10/03) 4. FEI Number 5 Applied For 7-1157240 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required ≙ 6. Name and Address of Current Registered Agent -=-7. Name and Address of New Registered Agent Name THOMPSON, WALDITH Street Address (P.O. Box Number is Not Acceptable) 7450 NW 4TH ST PLANTATION, FL 33317 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITILE. Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 29, 2004 8:00 am Secretary of State