

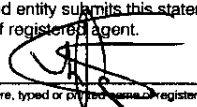



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90013 015 \*\*\*150.00

<b>DOCUMENT # P03000064355</b> 1. Entity Name <b>TURPIAL DISTRIBUTORS, INC.</b>					
Principal Place of Business <b>1780 NW 104 AVE. PLANTATION, FL 33322</b>			Mailing Address <b>1780 NW 104 AVE. PLANTATION, FL 33322</b>		
2. Principal Place of Business <b>7041 NW 114 CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>7041 NW 114 CT</b> Suite, Apt. #, etc.			
City & State <b>DORAL FL</b>		City & State <b>DORAL FL</b>		4. FEI Number <b>41-2101798</b>	
Zip <b>33178</b> Country <b>US</b>		Zip <b>33178</b> Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MAZZA-MARTINEZ, TANIA A 780 NW 42 AVE SUITE 420 MIAMI, FL 33126</b>				7. Name and Address of New Registered Agent Name <b>OLAVARRIA, CAROLINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>7041 NW 114 CT</b> City <b>DORAL</b> State <b>FL</b> Zip Code <b>33178</b>	
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  <b>OLAVARRIA CAROLINA</b> DATE <b>3/24/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P OLAVARRIA, FERNANDO J 1780 N.W. 104 AVE. PLANTATION, FL 33322</b> <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	<b>VP OLAVARRIA, CAROLINA S 1780 N.W. 104 AVE. PLANTATION, FL 33322</b> <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	<b>T SOUCY, RAFAEL M 1780 N.W. 104 AVE. PLANTATION, FL 33322</b> <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	<b>S SOUCY, ROCIO 1780 N.W. 104 AVE. PLANTATION, FL 33322</b> <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:  <b>OLAVARRIA CAROLINA</b> DATE <b>3/24/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					