


2004 FOR PROFIT CORPORATION ANNUAL REPORT

24066971

DOCUMENT # P03000065039			
1. Entity Name SUNCOAST DISTRIBUTION, INC.			
Principal Place of Business 5125 PALM SPRINGS BLVD, #4302 TAMPA, FL 33647		Mailing Address 5125 PALM SPRINGS BLVD, #4302 TAMPA, FL 33647	
2. Principal Place of Business 7990 63rd St.		3. Mailing Address 7990 63rd St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pinellas Park, FL		City & State Pinellas Park, FL	
Zip 33781		Country Pinellas	
4292004		Chg-P CR2E034 (10/03)	
4. FEI Number 01-0787696		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIRADO, PHIL 5125 PALM SPRINGS BLVD, #4302 TAMPA, FL 33647		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7990 63rd St. City Pinellas Park FL Zip Code 33781	
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: <u>Phil Tirado</u> (NOTE: Registered Agent signature required when retaking) DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$6.00 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	<input type="checkbox"/> Delete TIRADO, PHIL 5125 PALM SPRINGS BLVD, #4302 TAMPA, FL 33647	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7990 63rd St. Pinellas Park, FL 33781
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
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)(b), 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 or other like empowered.			
SIGNATURE: <u>Phil Tirado</u>		Date: <u>4/30/04</u> 727-541-7731	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	