## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000093421

**Current Principal Place of Business:** 

Entity Name: UNITED TOBACCO DISTRIBUTORS, INC

FILED Jan 19, 2004 Secretary of State

**New Principal Place of Business:** 

4735 NW 103RD AVENUE SUITE 6 SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

4735 NW 103RD AVENUE SUITE 6 SUNRISE, FL 33351

FEI Number: 20-0178169 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ESPINOSA, ORESTE 13170 SW 29TH. STREET MIRAMAR, FL 33027 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 DESAI, NIMISH V
 Name:
 ESPINOSA, ORESTE

 Address:
 1728 WELLESLEY CIRCLE, APT 3
 Address:
 13170 SW 29TH STREET

 City-St-Zip:
 NAPLES, FL 34116
 City-St-Zip:
 MIRAMAR, FL 33027

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ESPINOSA, ORESTE
 Name:

 Address:
 13170 SW 29TH. STREET
 Address:

 City-St-Zip:
 MIRAMAR, FL 33027
 City-St-Zip:

Title: T (X) Delete Title: ( ) Change ( ) Addition

 Name:
 ORTEGA, EDUARDO R
 Name:

 Address:
 11074 DELTA CIRCLE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33428
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORESTE ESPINOSA P 01/19/2004