

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096976

1. Entity Name  
EL CONDOR DISTRIBUTOR, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV -1 PM 2:07

Principal Place of Business

6955 NW 52ND ST SUITE 104  
MIAMI, FL 33166

Mailing Address

6955 NW 52ND ST SUITE 104  
MIAMI, FL 33166

2. Principal Place of Business

6765 NW 169<sup>th</sup> St  
#2B (UNIT)

3. Mailing Address

6765 NW 169<sup>th</sup> St.  
UNIT #2B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla

City & State

Miami Fla

Zip

33015

Country

DADE

Zip

33015

Country

DADE

10262004

REIN-P

CR2E098 (6/04)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MEZA, ENRIQUE  
6765 NW 169TH ST UNIT 2B  
MIAMI, FL 33015

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

Signature, typed or printed name of registered agent and title if applicable.

Enrique Meza Pres.

(NOTE: Registered Agent signature required when reinstating)

10-28-04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete  
NAME MEZA, ENRIQUE  
STREET ADDRESS 6765 NW 169TH ST UNIT 2B  
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700042361817  
11/01/04--01067--008 \*\*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Enrique Meza Pres.

10-28-04

Date

(305) 825-1045

Daytime Phone #