

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90234 003 ***150.00

DOCUMENT # P03000108755					
1. Entity Name SUPREME DISTRIBUTOR INC					
Principal Place of Business 8435 N.W. 68 STREET MIAMI, FL 33166			Mailing Address 8435 N.W. 68 STREET MIAMI, FL 33166		
2. Principal Place of Business 8060 NW 71ST Suite, Apt. #, etc. MIAMI FLA		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State City & State		City & State City & State		4. FEI Number 04152004 Chg-P CR2E034 (10/03) 16-1685259	
Zip 33166		Country DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEREDIA, GUILLERMO 8435 N.W. 68 STREET MIAMI, FL 33166			7. Name and Address of New Registered Agent Name - SAME Street Address (P.O. Box Number is Not Acceptable) 8060 NW 71 STREET City MIAMI FL Zip Code 33166		
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: 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"/> \$5.00 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	P HEREDIA, GUILLERMO 8435 N.W. 68 STREET MIAMI, FL 331667		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8060 NW 71 STREET MIAMI FL 33166	
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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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: Guillermo Heredia 4/15/04 305-5910606					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					