


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90091 012 ***150.00

DOCUMENT # P03000109275

1. Entity Name
MONSTER DISTRIBUTING, INC.



Principal Place of Business
7545 W 24TH AVENUE
200
MIAMI, FL 33016

Mailing Address
19451 SHERIDAN STREET
101
PEMBROKE PINES, FL 33332

2. Principal Place of Business 7545 W 24th Ave	3. Mailing Address 7545 W 24th Ave
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State Mialeah	City & State Mialeah, FL
Zip 33016	Country USA



05022005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0274048

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MICHAEL, LEWIS
475 NW 50 TERRACE
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name **Richard Meldner**

Street Address (P.O. Box Number is Not Acceptable)
16520 S. Tamiami Trail
18-194

City **Fort Myers** FL Zip Code **33908**

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 *Richard Meldner* DATE **5/2/2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S ZUBER, MATTHEW J 5520 SW 195TH TERRACE SOUTHWEST RANCHES, FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZUBER, LAUREN G 5520 SW 195TH TERRACE SOUTHWEST RANCHES, FL 33332	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Richard Meldner* DATE **5/2/05** Daytime Phone # **305 231 1616**

Signature, typed or printed name of signing officer or director