

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90221 027 ***150.00

DOCUMENT # P03000142445 1. Entity Name PEMAR DISTRIBUTORS, INC.					
Principal Place of Business 10200 S W 138 CT MIAMI, FL 33186			Mailing Address 10200 S W 138 CT MIAMI, FL 33186		
2. Principal Place of Business 10200 SW 138 court.			3. Mailing Address SAME		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Miami			City & State FL.		
Zip 33186		Country USA		4. FEI Number 20-0822480	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PUERTO, MARIELA L. 10200 S W 138 CT MIAMI, FL 33186				7. Name and Address of New Registered Agent Name MARIELA L. Puerto Street Address (P.O. Box Number is Not Acceptable) 10200 SW 138 Ct. City MIAMI	
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: <i>Mariela L. Puerto</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/28/04	
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 P NAME PUERTO, MARIELA L. STREET ADDRESS 10200 S W 138 CT CITY-ST-ZIP MIAMI, FL 33186	<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: <i>Mariela L. Puerto</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/28/04	
				Daytime Phone # 305 382-8032	