

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001432

Entity Name: AVALON DISTRIBUTORS, INC.

FILED
May 01, 2004
Secretary of State

Current Principal Place of Business:

21530 SW 89TH PATH
MIAMI, FL 33189

New Principal Place of Business:

20321 OLD CUTLER RD.
MIAMI, FL 33189

Current Mailing Address:

21530 SW 89TH PATH
MIAMI, FL 33189

New Mailing Address:

20321 OLD CUTLER RD.
MIAMI, FL 33189

FEI Number: 57-1195412

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, DEAN
21530 SW 89TH PATH
MIAMI, FL 33189 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: GONAZLEZ, DEAN
Address: 21530 SW 89TH PATH
City-St-Zip: MIAMI, FL 33189

Title: VP () Delete
Name: GONZALEZ, SANDRA
Address: 21530 SW 89TH PATH
City-St-Zip: MIAMI, FL 33189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GONZALEZ, DEAN
Address: 21530 SW 89TH PATH
City-St-Zip: MIAMI, FL 33189

Title: () Change () Addition
Name:
Address:
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: DEAN GONZALEZ

P

05/01/2004

Electronic Signature of Signing Officer or Director

Date