


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90396 001 ***150.00

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DOCUMENT # P04000083817			
1. Entity Name EL DORADO DISTRIBUTORS, INC.			
Principal Place of Business 850 NW 57TH AVE - STE 201 MIAMI, FL 33126		Mailing Address 850 NW 57TH AVE - STE 201 MIAMI, FL 33126	
2. Principal Place of Business 1380 NW 73 RD AVENUE		3. Mailing Address 1380 NW 73 RD AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plantation FL.		City & State Plantation, FL.	
4. FEI Number 20-1191317		Applied For Not Applicable	
Zip 33313		Country USA	
Zip 33313		Country U. S. A.	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYE, PAULA 6928 SW 39TH ST APT A-203 DAVIEQ, FL 33314		7. Name and Address of New Registered Agent Name LYE, PAULA Street Address (P.O. Box Number is Not Acceptable) 1380, NW 73 RD AVENUE City Plantation FL Zip Code 33313	
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 <u>Paula Lye</u> PAULA LYE DATE <u>4/26/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PSTD LYE, IAN 6928 SW 39TH AVE - APT A-203 DAVIE, FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LYE, IAN 1380 NW 73 RD AVENUE Plantation, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
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: <u>IAN LYE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-26-05</u> Daytime Phone # <u>305-323-9713</u>	