

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90260 034 ***150.00

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04282005 Chg-P CR2E034 (10/03)

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|---|---|--|---|---|--|
| DOCUMENT # P04000101370 1. Entity Name NATIONAL SOUTHEAST DISTRIBUTORS, INC. | | | | | |
| Principal Place of Business 2450 NE 51ST STREET # 11 FT. LAUDERDALE, FL 33308 | | | Mailing Address 2450 NE 51ST STREET # 11 FT. LAUDERDALE, FL 33308 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 23477 Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State OAKLAND PARK, FL Zip Country 33307 USA | | 4. FEI Number 55-0874399 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent BONUSO, FRANK N 2450 NE 51ST STREET # 11 FT. LAUDERDALE, FL 33308 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2450 NE 51ST STREET # 11 City State Zip Code FT. LAUDERDALE FL 33308 | | | | 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>Frank N Bonuso</u> FRANK N. BONUSO 4/28/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 | P,S BONUSO, FRANK N 2450 NE 51ST STREET, # 11 FT. LAUDERDALE, FL 33308 <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: <u>Frank N Bonuso, President</u> 4/28/05 (954) 561-6278 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |