2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000013088

I. Entity Name

PREVOST DISTRIBUTIONS, INC.



Principal Place of Business

7800 WEST OAKLAND PARK BLVD.

BLDG. G

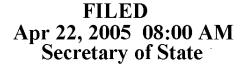
SUNRISE, FL 33351

Mailing Address

7800 WEST OAKLAND PARK BLVD.

BLDG. G

SUNRISE, FL 33351





DO NOT WRITE IN THIS SPACE

04102005 No Chg-P CR2E034 (10/03)

5. Certificate of Status Desired		\$8.75 Additional
65-0394347	-	Not Applicabl
4. FEI Number		Applied For

6. Name and Address of Current Registered Agent

LAPIERRE, REJEAN 7800 WEST OAKLAND PARK BLD. BLDG. G SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	fapplicable. (NOTE: Registered	d Agent signature	required when reinstating)	ĊATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution	ncing \Box	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE Name Street address City-St-Zip	PSTD PREVOST, ANDRE 7800 WEST OAKLAND PARK BLVD. I SUNRISE, FL 33351	BLDG.G			U00000322399 04/22/05-80012-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AMORE BREVOST

20/05

954-971-3306

Daytme Phone #