

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90172 024 \*\*\*150.00

**DOCUMENT # P93000025036**

1. Entity Name  
**MONETTI DISTRIBUTORS, INC.**



Principal Place of Business

**8601 NW 81 ROAD  
#15  
MEDLEY, FL 33066**

Mailing Address

**8601 NW 81 ROAD  
#15  
MEDLEY, FL 33066**

2. Principal Place of Business

**8601 NW 81st Road  
Suite, Apt. #, etc.  
Suite 15**

3. Mailing Address

**8601 NW 81st Road  
Suite, Apt. #, etc.  
Suite 15**

04302004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**65-0399414**

Applied For  
Not Applicable

Zip  
**33166**

Country  
**U.S.A.**

Zip  
**33166**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MONETTI, FRANCESCO  
6901 NW 87TH AVENUE  
MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name  
**MONETTI, FRANCESCO**  
Street Address (P.O. Box Number is Not Acceptable)  
**8601 NW 81st Road  
Suite 15  
City Medley FL Zip Code 33166**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MONETTI, FRANCESCO 6901 NW 87TH AVENUE MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MONETTI, FRANCESCO 8601 NW 81st ROAD, SUITE 15 MEDLEY FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANCESCO MONETTI, PRES.**

**04/30/04**

Date

Daytime Phone #