

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90009 029 ***158.75

DOCUMENT # P93000066498

1. Entity Name

ACCUTEC DISTRIBUTORS INC.



Principal Place of Business

**784 W 53RD ST
HIALEAH FL 33012-2526
US**

Mailing Address

**784 W 53RD ST
HIALEAH FL 33012-2526
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

6011 N. BAYSHORE DR

Suite, Apt. #, etc.

3

City & State **MIAMI, FL**

Zip **33137**

Country **USA**



MOORE

CR2E034 (4/04)

4. FEI Number

65-0440240

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COSTA, ROLANDO
784 W 53RD ST
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name

COSTA ROLANDO

Street Address (P.O. Box Number is Not Acceptable)

6011 N. BAYSHORE DR # 3

City

MIAMI,

FL

33137

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607, 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **COSTA, ROLANDO**
CITY-ST-ZIP **784 W 53RD ST
HIALEAH FL**

TITLE ☐ Delete
NAME **DTS**
STREET ADDRESS **COSTA, DELIA**
CITY-ST-ZIP **784 W 53RD ST
HIALEAH FL**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COSTA, AMELIA T**
CITY-ST-ZIP **555 N E 57 ST
MIAMI FL 33137**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **COSTA, EDMUNDO**
CITY-ST-ZIP **610 SPRING STREET
SANTA CRUZ CA 95060**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME **COSTA ROLANDO P**
STREET ADDRESS **6011 N BAYSHORE DR # 3**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Change ☐ Addition
NAME **COSTA, DELIA T**
STREET ADDRESS **6011 N BAYSHORE DR # 3**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Change ☐ Addition
NAME **COSTA AMELIA**
STREET ADDRESS **555 N E 57 ST**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Change ☐ Addition
NAME **COSTA, EDMUNDO**
STREET ADDRESS **610 SPRING ST**
CITY-ST-ZIP **SANTA CRUZ, CA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rolando Costa

7/26/04 (305) 751 3113

Date Daytime Phone #