

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90313 014 \*\*\*158.75

DOCUMENT # P93000066498

1. Entity Name  
ACCUTEC DISTRIBUTORS INC.



Principal Place of Business  
6011 N BAYSHORE DR.  
#3  
MIAMI, FL 33137 US

Mailing Address  
6011 N BAYSHORE DR.  
#3  
MIAMI, FL 33137 US

2. Principal Place of Business  
6011 N Bayshore Dr  
Suite, Apt. #, etc.  
#3

3. Mailing Address  
6011 N. BAYSHORE DR  
Suite, Apt. #, etc.  
#3

City & State  
MIAMI - FL  
Zip  
33137 Country  
USA

City & State  
MIAMI - FL  
Zip  
33137 Country  
US

04202005 Chg-P CR2E034 (10/03)

4. FET 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  
6011 N BAYSHORE DR  
#3  
MIAMI, FL 33137

7. Name and Address of New Registered Agent

Name Rolando Costa  
Street Address (P.O. Box Number is Not Acceptable)  
6011 N. BAYSHORE DR #3  
City MIAMI - FL Zip Code 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 time applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	<input type="checkbox"/> Delete
P	COSTA, ROLANDO	6011 N BAYSHORE DR # 3	MIAMI, FL 33137	
T	COSTA, DELIA	6011 N BAYSHORE DR # 3	MIAMI, FL 33137	
D	COSTA, AMELIA	555 N E 57 ST	MIAMI, FL 33137	
D	COSTA, EDMUNDO	610 SPRING STREET	SANTA CRUZ, CA 95060	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rolando Costa

Date

4/25/05

Daytime Phone #