



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90002 020 ***150.00

DOCUMENT # P94000020425					
1. Entity Name WEITNAUER DISTRIBUTION, INC.					
Principal Place of Business 200 E. ROBINSON STREET SUITE 500 ORLANDO, FL 32801		Mailing Address 200 E. ROBINSON STREET SUITE 500 ORLANDO, FL 32801		<p style="text-align: right; font-size: 24pt;">54017880</p> 	
2. Principal Place of Business 3400 MCINTOSH ROAD		3. Mailing Address PO. BOX 226170			
Suite, Apt. #, etc. BAY E-9		Suite, Apt. #, etc.		02182004 Chg-P CR2E034 (10/03)	
City & State FT LAUDERDALE FL		City & State MIAMI FL		4. FEI Number 65-0473127	
Zip 33316		Country USA		Applied For Not Applicable	
Zip 33122-6170		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA CORPORATE SUPPORT, INC. 200 E. ROBINSON STREET SUITE 500 ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVENUE		
			City FL		Zip Code
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: <i>Robert R. Hendry</i> Pres - Robert R. Hendry 2-25-04 <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, 2004 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	PD SOUTO, LUCIO 10300 NW 49 STREET SUITE 114 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3400 MCINTOSH RD. BAY E-9 FT. LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS D GAVIRIA, MARCO 10300 NW 49 STREET SUITE 114 MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3400 MCINTOSH RD. BAY E-9 FT. LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRY, ROBERT 200 E. ROBINSON ST., #500 ORLANDO, FL 32801	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: <i>Marco E. Gaviria</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MARCO E. GAVIRIA VICE-PRE.			Date 03/09/04 954-524-9134 Daytime Phone #		