


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90071 023 ***158.75

DOCUMENT # P94000020425

1. Entity Name
WEITNAUER DISTRIBUTION, INC.



Principal Place of Business: **3400 MCINTOSH ROAD
BAY E-9
FORT LAUDERDALE FL 33316
US**

Mailing Address: **PO BOX 226170
MIAMI FL 33122-6170
US**

2. Principal Place of Business: **2315 NW 107 Ave.**

3. Mailing Address: **2315 NW 107 Ave**

Suite, Apt. #, etc.: **Suite A21**

Suite, Apt. #, etc.: **Box 45**

City & State: **Miami, FL**

City & State: **Miami, FL**

Zip: **33172** Country: **USA**

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1st MOORE CR2E034 (10/04)

4. FEI Number: **65-0473127** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

**HENDRY, STONER, DELANCETT & BROWN, PA
20 N. ORANGE AVENUE
SUITE 600
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name: _____

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

City: _____ State: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PD	NAME: SOUTO, LUCIO G.	<input type="checkbox"/> Delete
STREET ADDRESS: 3400 MCINTOSH RD. BAY E-9	CITY-ST-ZIP: FORT LAUDERDALE FL 33316	
TITLE: VS D	NAME: GAVIRIA, MARCO E.	<input type="checkbox"/> Delete
STREET ADDRESS: 3400 MCINTOSH RD. BAY E-9	CITY-ST-ZIP: FORT LAUDERDALE FL 33316	
TITLE: D	NAME: HENDRY, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS: 200 E. ROBINSON ST., #500	CITY-ST-ZIP: ORLANDO FL 32801	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Delete
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P / D	NAME: Souto, Lucio G.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2315 NW 107 Ave. Suite A21	CITY-ST-ZIP: Miami, FL 33172	
TITLE: VS / D	NAME: Gaviria, Marco E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2315 NW 107 Ave. Suite 5A21	CITY-ST-ZIP: Miami, FL 33172	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	
TITLE: _____	NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: *Manoel S. Jainez V.P.* **JAN. 25/05** 305-463-9095

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARCO E. GAVIRIA** Date: _____ Daytime Phone #: **EXT-229**