FILED
Jul 21, 2004 8:00 am
Secretary of State
07-21-2004 90019 035 ***155.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000055306

1. Entity Name
WHOLESALE OFFICE PRODUCTS, CORP.

54063866

Principal Place of Business	Mailing Address
9821 N.W 80 AVE. BAY 5E HIALEAH, FL 33016 US	9821 N.W 80 AVE. BAY 5E HIALEAH, FL 33016 US

2. Principal Place of Business	3. Mailing Address
7825 N.W 99 ST	~~SAME~~ 7825 N.W 99 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah Garden FL	City & State: Hialeah Garden FL
Zip: 33016 Country: U.S	Zip: 33016 Country: U.S

07192004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0599215 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TERZADO, JOSE
9821 N.W 80 AVE.
BAY 5E
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 [signature] 7-19-2004
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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☒ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TERZADO, JOSE		NAME	
STREET ADDRESS	9821 N.W 80 AVE.		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	
TITLE	PSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	TERZADO, GRISELL B		NAME	
STREET ADDRESS	9821 N.W 80 AVE.		STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: [signature] 7-19-2004 305-822-3587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #