



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

08-23-2004 90027 012 \*\*\*158:75

FILED P95000060783  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 27 AM 8:00

<b>DOCUMENT # P95000060783</b> 1. Entity Name <b>SINBUSTA GOSPEL DISTRIBUTION, INC.</b>					
Principal Place of Business <b>227 NW 2ND AVENUE HALLANDALE, FL 33009</b>			Mailing Address <b>227 NW 2ND AVENUE HALLANDALE, FL 33009</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0608760</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ROLLE, SOPHIE 5416 FLAGLER STREET HOLLYWOOD, FL 33021</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-appointing) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROLLE, SOPHIE 5416 FLAGLER STREET HOLLYWOOD, FL 33021</b> <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	<b>D THOMAS, LA WANDA 7759 MADEIRA STREET MIRAMAR, FL 33023</b> <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.					
<b>SIGNATURE: Sophie Rolle</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8-9-04</b> <small>Date</small>		

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**Sinbusta Gospel Distribution Inc.**

**227 N.W. 2<sup>nd</sup>. Ave.**

**Hallandale, Fl. 33009  
Florida Department Of State  
Department of Corporation  
Tallahassee, Fl. 32302-1500**

**August 5, 2004**

**To Whom It May Concern:**

**Thank you for your immediate attention re; this matter.....While preparing to pay our Annual Filing Fee, we searched for and realized we did not have the annual report notice to comply. After a thorough search and speaking to your representative we received a card , followed the instructions and sent back with a check for \$150.00**

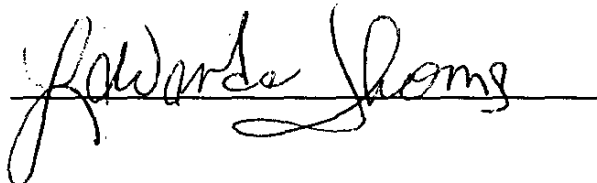
**Please find enclosed additional information and another check for \$158.75 as requested. Again thank you for your attention in this matter.**

**Sincerely,**

**Sophie Rolle**

  
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**LaWanda Thomas**

  
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