


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000014635 1. Entity Name ACTION DIRECT INC.	
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Principal Place of Business 14285 SW 142 STREET MIAMI, FL 33186	Mailing Address 14285 SW 142 STREET MIAMI, FL 33186
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01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0645061	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FLORES, JOSE O 14285 SW 142 ST MIAMI, FL 33186
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

U000000055816  
02/18/04-80019-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, JOSE O 14285 SW 142 ST. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, ELIEZER 14285 SW 142 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLORES, OMAR 14285 SW 142 ST MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: J.O. Flores JOSE O. FLORES 2-13-04 305-969-0056  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #