2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000027145 1. Entity Name M & E DISTRIBUTORS, INC.

Mailing Address

COCONUT CREEK, FL 33063-4657

PO BOX 934612 MARGATE, FL 33093-4612

FILED Mar 19, 2004 08:00 AM. Secretary of State



02122004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0655029

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MATONE, MARK 4470 NORTHWEST 9TH STREET COCONUT CREEK, FL 33063-4657

Principal Place of Business

4770 NW 9TH ST

EVELYNN & MARK MARTONE

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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, based or printed name of registered agent and little # applicable. (NOTE. Registered Agent signature required when reinstating) DATE				
FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May 8e Added to Fees	U00000092758 03/19/04-80022-003 150.00
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MARTONE, MARK 4470 NORTHWEST 9TH STREET COCONUT CREEK, FL 330634657	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARTONE, EVELYNN E 4470 NORTHWEST 9TH STREET COCONUT CREEK, FL 330634657			_
TITLE HAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZP		~ 33 -		
TITLE NAME STREET ADDRESS CITY-ST-ZP				
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 cath; that I am an officer or director of the corporation or the receiver extrustee 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 all potentials.				

MARK B.