


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90001 013 \*\*\*158.75

<b>DOCUMENT # P96000037243</b>	
<b>1. Entity Name</b> VASSALLO DISTRIBUTION CENTER, INC.	

<b>Principal Place of Business</b> HWY. 60, WEST AND SCL RAILROAD LAKE WALES FL 33853	<b>Mailing Address</b> PO BOX 473 COTO LAUREL PR 00780 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

<b>4. FEI Number</b> 65-0666002	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> QUINTANA, ZORAIDA HWY. 60, WEST AND SCL RAILROAD LAKE WALES FL 33853	
<b>7. Name and Address of New Registered Agent</b> 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 reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD	<b>VASSALLO, SALVADOR</b> <input type="checkbox"/> Delete	<b>TITLE</b> S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	Salvador V. Vassallo
<b>STREET ADDRESS</b>	URB E MOTNE E-30	<b>STREET ADDRESS</b>	Carr. #14 Bo. Cerrillos, Sector Hoyos
<b>CITY-ST-ZIP</b>	PONCE PR 00731	<b>CITY-ST-ZIP</b>	Coto Laurel, Puerto Rico 00780
<b>TITLE</b> TD	<b>VASSALLO, DAISY</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	URB EL MONTE A #4	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PONCE PR 00731	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> DS	<b>VASSALLO, FELIX V.</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>	URB EL MONTE A #4	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PONCE PR 00731	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b> P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	Rafael V. Vassallo
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	Urb. Mansiones del Sur, Calle Ceiba A-9
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	Coto Laurel, Puerto Rico 00780
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael V. Vassallo

2/5/2004

(787) 848-1515

Date

Daytime Phone #