2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000093997**

1. Entity Name

TREJO DISTRIBUTION CORPORATION



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90086 023 ***150.00

Suite, Apt. #, etc. Suite, Ap	Principal Place of Business 5240 SW 89TH PLACE MIAMI FL 33165			Mailing Address 5240 SW 89TH PLACE MIAMI FL 33165						
City & State Ci	2. Principal Place of Business			3. Mailing Address						
Zip Country Zip Country Zip Country S. Cartificate of Status Dosind	Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Signature Name and Address of Current Registered Agent TREJO, DELIO ### File Now In the State of Florida Department of the purpose of changing its registered agent, or boat, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ### File Now III FEE IS 150.00 ### Address AND DIRECTORS 11.	City & State		Cit	City & State			1 65-070/965			
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	· ·				Country	5.	Certificate of Status Desired	□ \$8.75 A	dditional	
Street Address (P.O. Box Number is Not Acceptable) 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, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of the obligation of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of Florida. I am familiar with and accept the obligation of Florida. I am familiar with and accept the obligation of Florida. I am familiar with and accept the familiar with and accept the obligation of Florida. I am familiar with and accept the familiar with and		6. Name and Addres	ss of Current Register	ed Agent			Name and Address of New R			
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature to registered agent and tool applicable. (NOTE Registered Agent signature required whom retrications) DATE	MIAMI FL 38178 33/6 \$									
SIGNATURE Signature Signa	·									
Signature, speed or printed name of legislated agent and lite if applicable. (NOTE Regislated Agent Signature required when reinstating) DATE	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. Lam familiar with, and account									
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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 chapter 607, if the corporation or the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR

1/07/03 (305)596-633.

3R2E034 (10/02)