2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90249 030 ***158.75

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1. Entity Name
FLORIDALAND DISTRIBUTORS INTERNATIONAL INC..

14U22361

Principal Place of Business	Mailing Address
13876 S.W. 56 STREET MIAMI, FL 33186	P.O. BOX 16-5011 MIAMI, FL ~~33186~~ 33116

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3400 LAKESIDE DR		P.O. BOX 16-5011	
Suite, Apt. #, etc.: SUITE # 102		Suite, Apt. #, etc.	
City & State: MIRAMAR, FL		City & State: MIAMI, FL	
Zip: 33027	Country	Zip: 33116	Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WERNER, MARTIN ATTY 13876 S.W. 56 STREET #302 MIAMI, FL 33186	Name: WERNER, MARTIN ATTY Street Address (P.O. Box Number is Not Acceptable): 3400 LAKESIDE DR # 102 City: MIRAMAR FL Zip Code: 33027

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD COX, H F 13876 S.W. 56 ST., #302 MIAMI, FL 33186	☐ Delete	COX, H.F. 3400 LAKESIDE DRIVE # 102 MIRAMAR, FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HIRE-MILLER, SHARON O 13876 S.W. 56 ST., #302 MIAMI, FL 33186	☐ Delete	HIRE-MILLER, SHARON 3400 LAKESIDE DRIVE # 102 MIRAMAR, FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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.

SIGNATURE: H. F. COX [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #