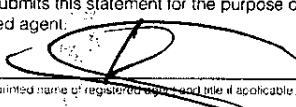
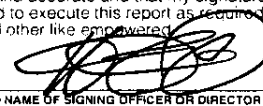


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2004 90249 030 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                                                                                                                              |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000097312</b><br>1. Entity Name<br><b>FLORIDALAND DISTRIBUTORS INTERNATIONAL INC..</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           |                                                                                                                                             |                                                                              |
| Principal Place of Business<br><b>13876 S.W. 56 STREET<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           | Mailing Address<br><b>P.O. BOX 16-5011<br/>MIAMI, FL <del>33186</del> 33116</b>                                                                                                                                              |                                                                              |
| 2. Principal Place of Business<br><b>3400 LAKESIDE DR<br/>Suite # 102</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | 3. Mailing Address<br><b>P.O. Box 16-5011</b>                                                                                                                                                                                |                                                                              |
| City & State<br><b>MIRAMAR, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | City & State<br><b>MIAMI, FL</b>                                                                                                                                                                                             |                                                                              |
| Zip<br><b>33027</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | Zip<br><b>33116</b>                                                                                                                                                                                                          |                                                                              |
| Country<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                           | Country<br>                                                                                                                                                                                                                  |                                                                              |
| 4. FEI Number<br><b>NOT APPLICABLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                       |                                                                              |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                        |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>WERNER, MARTIN ATTY<br/>13876 S.W. 56 STREET<br/>#302<br/>MIAMI, FL 33186</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | 7. Name and Address of New Registered Agent<br>Name <b>WERNER, MARTIN ATTY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3400 LAKESIDE DR # 102</b><br>City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33027</b> |                                                                              |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                                                                                                                              |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                          |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                        |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PTD<br>COX, H F<br>13876 S.W. 56 ST., #302<br>MIAMI, FL 33186             | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SD<br>HIRE-MILLER, SHARON O<br>13876 S.W. 56 ST., #302<br>MIAMI, FL 33186 | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | <input type="checkbox"/> Delete                                                                                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> 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: <b>H. F. Cox</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                                                                                                                                                              |                                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                           | Date _____ Daytime Phone _____                                                                                                                                                                                               |                                                                              |

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04272004 Chg-P CR2E034 (10/03)