2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2004 08:00 AM Secretary of State

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DOCU	MENT # P970000440		Secretary of State				
1. Entity Nam	ne .						
FLORES	DISTRIBUTION GROUP, IN	THE LABOR					
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Principal Plac	e of Business	Mailing Address	·I-,				
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				65-076			Not Applicable
				5. Certificate	of Status Desired		5 Additional
	6. Name and Address of Current R	ecistered Accept	strate and the	The series of the	SECTION TO THE	Fee I	lequired
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FLORES, ZENAIDA			Committee to the	กัก	NOT W	RITE	on read of an electric states.
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& The shows	named entity submits this statement for	the or women of observation its remister		ed agest or bot		ida I am famili	r with and accept
	tions of registered agent.	ina harbosa oi oueridină iis radister	ed office of register	ou agossi, or box	in, in the state of the	ica, janinami	a um, ma doop.
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SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE, Registers	ed Agent signature required	when reinstalling)		DATE	
		6 Circuina Compaign Class	anina AF	00	Honooc	440000	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.			scing \$5.00 May Be Added to Fees		04/16/04-80056-002 155.00		
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10.	OFFICERS AND D	RECTORS	-	क्ष्में पुरस्कात क्ष्मा के क्षेत्र के क्षेत्र जन्म			
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12. I hereby certify that the information supplied with this filling 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 eath; 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 arrandoress, with all other like empowered.

SIGNATURE:

HAME STREET ADORESS CITY-ST-ZIP

AND TYPED OR PRINTED HAME OF SIGHING OFFICER OR DIRECTOR

4-14-7904