2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028984

GARCIA, ERIC E

MIAMI, FL 33182

13370 NW 2 TERRACE

Name:

Address:

City-St-Zip:

FILED Jan 14, 2004 Secretary of State

Entity Na	me: MECA D	STRIBUTORS, INC.				
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:		
9550 NW SOUTH RIVER DRIVE MEDLEY, FL 33166				9630D NW SOUTH RIVER DRIVE MEDLEY, FL 33166		
Current Mailing Address:			New Maili	New Mailing Address:		
9550 NW : MEDLEY,	SOUTH RIVER FL 33166	RDRIVE				
FEI Number	: 65-0822233	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
GARCIA, N 9550 NW : MEDLEY,	SOUTH RIVER	R DRIVE				
	named entity e of Florida.	submits this statement for the	purpose of changing i	its registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D (GARCIA, MARI 13370 NW 2 T MIAMI, FL 331	ERR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S (GARCIA, MARI 11715 SW 18 MIAMI, FL 331	ST, APT 302	Title: Name: Address: City-St-Zip:	S GARCIA, MA 12490 SW 2 MIAMI, FL 3	204 ST	
Title: Name: Address: City-St-Zip:	T (GARCIA, MARI 13370 NW 2 T MIAMI, FL 331	ERR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	Р () Delete	Title:	Р	(X) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

GARCIA, ERIC E

MIAMI, FL 33177

20730 SW 122 CT

SIGNATURE: MARIO J. GARCIA D 01/14/2004