## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 29, 2004 08:00 AM DOCUMENT # P98000080103 **Secretary of State** INTERNATIONAL IMPORTS AND DISTRIBUTION, INC. Principal Place of Business Mailing Address 5701 PINE ISLAND ROAD 5701 PINE ISLAND ROAD TAMARAC, FL 33321 TAMARAC, FL 33321 07072004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2127025 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOUTH FLORIDA REGISTERED AGENTS, INC. DO NOT WRITE 200 EAST LAS OLAS BLVD. #1900 FT. LAUDERDALE, FL 33301 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulated when reinstating) DATE 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be Due by September 8, 2004 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D 1170 5 GREENFIELD, JACK 5701 PINE ISLAND ROAD STREET ADDRESS U00000168688 07/29/04-80002-013 158.75 City-ST-ZIP TAMARAC, FL 33321 TITLE NAME GREENFIELD, ALLEN STREET ADDRESS 5701 PINE ISLAND ROAD CLTY-ST-ZIP TAMARAC, FL 33321 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-792 TITLE IN THIS SPACE KAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attaghment with an address, with all other liky empowered.

SIGNATURE:

NAME STREET ADDRESS CXTY+ST-ZIP

STREET ADDRESS C(TY+ST-Z)P

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7/7/03

954-720-1695

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