


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000083137</b> 1. Entity Name <b>PAN AMERICAN DISTRIBUTORS, INC.</b>	
--	---

Principal Place of Business <b>3315 N.E. 15TH STREET FT. LAUDERDALE, FL 33304</b>	Mailing Address <b>3315 N.E. 15TH STREET FT. LAUDERDALE, FL 33304</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01152004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0873032</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BEISLER, ANTHONY J III 1001 N.E. 26TH STREET FT. LAUDERDALE, FL 33305</b>	<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May-1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>  U000000077134 03/05/04-80030-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOULE-CASE, ANNE 3315 N.E. 15TH STREET FORT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOULE, JOSEPH 3315 NE 15 STREET FORT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLIVER, BRENDA 6800 NW 24 WAY FORT LAUDERDALE, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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.

<b>SIGNATURE:</b> 	<b>3-1-04</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>