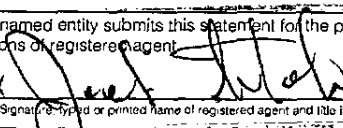
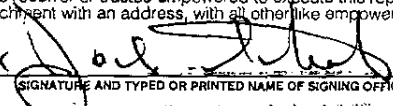


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000103950 1. Entity Name MAJOR DISTRIBUTION COMPANY OF FLORIDA, INC.		
Principal Place of Business 2320 NE 32 COURT LIGHTHOUSE POINTE, FL 33064		Mailing Address 2320 NE 32 COURT LIGHTHOUSE POINTE, FL 33064
DO NOT WRITE IN THIS SPACE		 02152004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0883551 Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TITOLO, JACK 2320 NE 32 COURT LIGHTHOUSE POINTE, FL 33064		DO NOT WRITE IN THIS SPACE
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) Signature is typed or printed name of registered agent and title if applicable. DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000074624 03/03/04-88825-019 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TITOLO, JACK 2320 NE 32ND COURT LIGHTHOUSE POINT, FL 32064	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V TITOLO, JACKIE 2320 N.E. 32ND COURT LIGHTHOUSE POINT, FL 33064	
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)(l), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____