

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000008940**

1. Entity Name  
**HOSPITALITY MANAGEMENT DISTRIBUTORS, INC.**



Principal Place of Business  
**7212 N.W. 56TH STREET  
MIAMI, FL 33166**

Mailing Address  
**7212 N.W. 56TH STREET  
MIAMI, FL 33166**

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0891971</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**

**FLECHES, OMAR  
16825 N.W. 83RD COURT  
MIAMI, FL 33016**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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**

TITLE	D
NAME	FLECHES, OMAR
STREET ADDRESS	16825 N.W. 83RD COURT
CITY-ST-ZIP	MIAMI, FL 33016

UN00000008290  
01/16/04-80034-004 150.00

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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IN THIS SPACE**

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.

**SIGNATURE:** Omar Fleches  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/04 786-412-3076  
Date Daytime Phone #