

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90023 030 ***150.00

DOCUMENT # P99000029065	
1. Entity Name CB DISTRIBUTION COMPANY, INC.	



Principal Place of Business 777 NW 72ND AVE SUITE 1CC51 MIAMI, FL 33126	Mailing Address 777 NW 72ND AVE SUITE 1CC51 MIAMI, FL 33126
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2. Principal Place of Business 250 Creative Dr. Suite, Apt. #, etc.	3. Mailing Address 250 Creative Dr. Suite, Apt. #, etc.
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City & State Central Islip, NY Zip 11722 Country USA	City & State Central Islip, NY Zip 11722 Country USA
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33044361

03052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent YRIS, ENRIQUEZ 777 NW 72ND AVE SUITE 1CC51 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Yris Enriquez Street Address (P.O. Box Number is Not Acceptable) 2953 S.W. 17th Street City Miami FL Zip Code 33145	
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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: *Yris Enriquez* DATE: 3/9/2004

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SECKER, RON 250 CREATIVE DRIVE CENTRAL ISLIP, NY 11722 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM MEINZINGER, MATHIAS 250 CREATIVE DRIVE CENTRAL ISLIP, NY 11722 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BARTSCH, GUENTHER 250 CREATIVE DRIVE CENTRAL ISLIP, NY 11722 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mathias Meinzinger* DATE: 631-582-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR