FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90068 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000042849

1. Entity Name
T & M DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
1255 W ATLANTIC BLVD., SUITE 121 POMPANO BEACH, FL 33069-2944	1255 W ATLANTIC BLVD., SUITE 121 POMPANO BEACH, FL 33069-2944

24002413

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0920019 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CHIAVETTA, MARC A
12445 SW 1ST STREET
~~POMPANO BEACH, FL~~ 33071
Coral Springs, FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVPD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHIAVETTA, MARC A		NAME	
STREET ADDRESS	12445 SW 1ST STREET		STREET ADDRESS	
CITY-ST-ZIP	~~POMPANO BEACH, FL~~ 33071		CITY-ST-ZIP	Coral Springs, FL 33071
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHIAVETTA, CHERYL A		NAME	
STREET ADDRESS	310 N.W. 107TH TERRACE		STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE: [signature] Marc A. Chiavetta, President January 16, 2004 954-786-1362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #