

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 11, 2004 8:00 am
Secretary of State

07-26-2004 90007 042 ***150.00

DOCUMENT # P99000044777 1. City Name DLN DISTRIBUTION, INC.	
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Principal Place of Business 45 NE 45TH STREET MIAMI, FL 33137	Mailing Address 45 NE 45TH STREET MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE

66431751



07172004 No Chg-P CR2E034 (10/03)

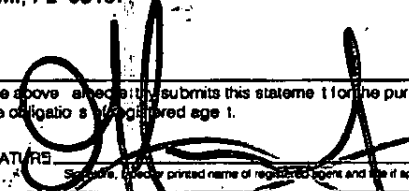
4. FSI Number 65-0920363	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FERNANDEZ, GUSTAVO
45 NE 45TH STREET
MIAMI, FL 33137

**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 the registered agent.

SIGNATURE:  DATE: 7/17/04

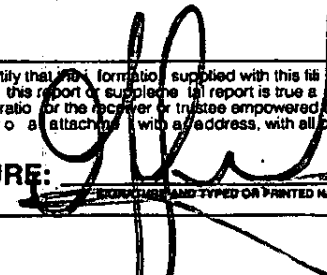
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, GUSTAVO 45 NE 45TH STREET MIAMI, FL 33137
TITLE NAME STREET ADDRESS 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:  DATE: 8/3/04

PRINTED NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: GUSTAVO FERNANDEZ

305-576-2768