2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED .		
DOCUMENT # P99000058215 1. Entity Name					Feb 25, 2004 08	:00 AM	
ABC WHOLESALERS, INC.					Secretary of S	state	
Principal Place	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
12711 NW 9 STREET		12711 NW 9 STREET					
MIAMI FL 33	3182	MIAMI FL 33182				r reduk derimana ar abbal	
2. Principal Place of Business		3. Mailing Address		 			
Suite, Apt. #, etc		Suite, Apt #, etc.			MOORE CR2E034 (11/0)3)	
City & State		City & State			4. FEI Number 65-0933806	Applied For Not Applicable	е
Zıp	Country	Zip	Coun	try	5. Certificate di Status Desireu Fee Ri	5 Additional equired	1
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Registered Agent		
TOP	RES, VIRGILLO						_
12711 NW 9 STREET MIAMI FL 33182				Street Address (P.O. Box Number is Not Acceptable)		= 1-
				City	FL Zi	p Code	-
	named entity submits this statementions of registered agent.	t for the purpose of changing its	register	ed office or register	red agent, or both, in the State of Florida. I am familia.	r with, and accept	t
SIGNATURE.	Signature typed or printed name of registered ag	ont and title if applicable. [NOTI	E Registere	d Agent signature required	t when roinstating) DATE		
F	ILE NOW!!! FEE IS \$150.00				0.51.8.0	AC 00	
Afte	r May 1, 2004 Fee will be \$550.0 k Payable to Florida Department				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AT	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	PTSD	☐ Delete	TITL		□ CI	hange 🔲 Addition	m
NAME STREET ADDRESS	TORRES, VIRGILLO 12711 NW 9 STREET			EET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33182	<u></u>	CITY	'-ST-ZIP			
MLTE		☐ Delete	ŪΠL	E			M
NAME			NAM	1	U00000064984 02/25/04-80017-011 1	וכט מט	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -ST-ZIP	05/ 53/ 04-0001 [-011]	.30 . 00	
TITLE		☐ Delete	TITL		C	hange	— Эп
NAME		policio	NAM	}			
STREET ADDRESS				EET ADDRESS			
CITY+ST-ZIP			_	'-ST-ZIP			_
TITLE		☐ Delete	TITE	į		hange	λU
NAME STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			cin	r-ST-ZIP			
THILE	*	☐ Delete	TITL	Ε		hange 🔲 Additio	חנ
NAME			NAM	I			
STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS /- ST-ZIP			
TITLE		Delete	חוו		□ c	hange	 an
NAME		TT Dake	NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP				/-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
12. I hereby indicated	certify that the information supplied to this report or supplemental report of supplemental reports of the supplem	with this filing does not qualify fo ort is true and accurate and that i	r the exe my signs	emption stated in Se ature shall have the	ection 119.07(3)(i), Florida Statutes. I further certify the same legal effect as if made under oath; that I am an	it the information officer or director	
of the co changed	rporation or the regeiver or trustee ei i, or on an attachprent with an addres	mpowered to execute this report ss, with all other like empowered	as requ	ired by Chapter 60	same legal effect as it made under dath; that I am an 7, Florida Statutes, and that my name appears in Bioc	k 10 or Block 11 it	Í

IG OFFICER OR DIRECTOR

Daytime Phone #