

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90051 015 ***150.00

DOCUMENT # V22070 1. Entity Name M & R DISTRIBUTORS, INC.			
Principal Place of Business 2671 W 81 ST HIALEAH, FL 33016 US		Mailing Address 2671 W 81 ST HIALEAH, FL 33016 US	
2. Principal Place of Business 1801 NE 149 ST Suite, Apt. #, etc.		3. Mailing Address 1801 NE 149 ST Suite, Apt. #, etc.	
City & State N. Miami FL Zip 33181 Country USA		City & State N. Miami FL Zip 33181 Country USA	
4. FEI Number 65-0324782		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENOLIEL, MAXWELL S. 2671 WEST 81 ST HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name BENOLIEL, MAXWELL S. Street Address (P.O. Box Number is Not Acceptable) 1801 N.E. 149 ST City N. Miami FL Zip Code 33181	
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 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENOLIEL, MAXWELL S. 2671 WEST 81 ST HIALEAH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BENOLIEL, MAXWELL S. 1801 NE 149 ST N. Miami FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENOLIEL, RUTH S. 2671 WEST 81 ST HIALEAH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BENOLIEL, RUTH S. 1801 NE 149 ST N. Miami FL 33181
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
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 to this address, with all other like empowered.			
SIGNATURE:		Date 1/18/05 Daytime Phone # 351/199-00	