## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 18, 2004 8:00 am DOCUMENT # V57715 **Secretary of State** 1. Entity Name 03-18-2004 90016 008 \*\*\*150.00 M.C.R. DISTRIBUTOR CORPORATION Mailing Address Principal Place of Business 5679 SW 137TH AVENUE 5679 SW 137TH AVENUE MIAMI, FL 33183-1101 US MIAMI, FL 33183-1101 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03162004 Chg-P 4. FEI Number Applied For City & State City & State 65-0353254 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KODRIGUEZ BASTIDAS, HAROLD Street Address (P.O. Box Number is Not Acceptable) **5679 SW 137TH AVENUE** MIAMI, FL 33183-1101 AVENUE 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!X KOORIGUE Z Signature, typed or printed name of To isteged agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing -FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11. 10.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition Delete TITI F TITLE MONTOYA, FRANCISCO NAME NAME **5679 SW 137TH AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 331831101 Change ☐ Addition **⊠** Delete TITLE TITLE RODRIGUEZ JAINE BASTIDAS, HAROLD NAME NAME STREET ADDRESS **5679 SW 137TH AVENUE** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 331831101 ☐ Change -☐ Addition SD Delete TITLE TITLE MONTOYA, JUAN D NAME STREET ADDRESS **5679 SW 137TH AVENUE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 331831101 TD ☐ Delete Change ☐ Addition TITLE TITLE NAME MONTOYA, ANDRES NAME STREET ADDRESS **5679 SW 137TH AVENUE** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331831101 CITY-ST-7iP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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.

laine K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR