


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G18477						FILED 05 OCT -7 PM 5: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
1. Entity Name DARMAN DISTRIBUTOR INC.				Principal Place of Business % GUILLERMO GARCIA 8430 NW 56TH ST MIAMI, FL 33166				Mailing Address % GUILLERMO GARCIA 8430 NW 56TH ST MIAMI, FL 33166		
2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2254923		Applied For <input type="checkbox"/> Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04252005 Chg-P CR2E034 (10/03)				
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent				
Zip		Country		Zip		Country				
GARCIA, GUILLERMO 8430 N.W. 56TH ST. MIAMI, FL 33166				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____										
Amended AR is \$61.25				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	PD GARCIA, GUILLERMO 8430 N.W. 56TH ST. MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	600060352856 10/07/05--01041--005 **122.50			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GARCIA, GUILLERMO JR 8430 N.W. 56TH ST. MIAMI, FL 33166	<input checked="" 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	SD GARCIA, JORGE L 8430 N.W. 56TH ST. MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD GARCIA, JORGE L. 8430 NW 56 STREET MIAMI, FL 33166			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>RE 10/10</i>		<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 with an address, with all other like empowered.										
SIGNATURE: <i>Guillermo Garcia</i>				8/20/05		(305) 609 3769				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #				