

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED ATX1
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # MO6437
1. Entity Name NATIONAL GROCERIES DISTRIBUTOR INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5529 NW 72 AVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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
DO NOT WRITE IN THIS SPACE

City & State MEDLEY, FL	City & State	4. FEI Number 59-2450879	Applied For <input type="checkbox"/> Not Applicable
Zip 33166	Country USA	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name BLANCO JOSUE	
Street Address (P.O. Box Number is Not Acceptable) 5529 NW 72ND AVENUE	
City MEDLEY	FL Zip Code 33166

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:  BLANCO, JOSUE 3/3/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS BLANCO, JOSUE 5529 NW 72ND AVE MEDLEY FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UD0000661332 03/20/07-80038-003 150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  BLANCO, JOSUE PRESIDENT 3/3/2007 305-332-7815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #