2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038735

Address:

City-St-Zip:

6920 S.W. 92 AVE.

MIAMI, FL 33173

Entity Name: MIGAND DISTRIBUTORS, INC.

FILED Jan 16, 2006 Secretary of State

| Littly Na | IIIE. WIIGAND | DISTRIBUTORS, INC. | | | | |
|---|---|----------------------------------|---|---|--------------------------------------|--|
| Current P | rincipal Plac | e of Business: | New Princ | New Principal Place of Business: | | |
| 2801 NW MIAMI, FL | 125 STREET 33167 | | | | | |
| Current N | lailing Addre | ss: | New Maili | New Mailing Address: | | |
| 2801 NW MIAMI, FL | 125 STREET 33167 | | | | | |
| FEI Number | : 65-0503990 | FEI Number Applied For() | FEI Number Not Appl | icable () | Certificate of Status Desired () | |
| Name and | d Address of | Current Registered Agent: | Name and | Name and Address of New Registered Agent: | | |
| MENENDE 2801 NW MIAMI, FL | EZ, JOSE L 125 STREET 33167 US | | | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing i | ts registered | office or registered agent, or both, | |
| SIGNATUI | RE: | | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | | |
| Election Ca | mpaign Financir | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | D (X MENENDEZ, A 7465 S. WATE MIAMI, FL 33 | RWAY DR | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: Address: City-St-Zip: | D (ROSA, JULIO 1918 N. 43 AV HOLLYWOOD | | Title: Name: Address: City-St-Zip: | D (ROSA, JULIO 1130 NW 118 PLANTATION | 3 AVENUE | |
| Title: Name: Address: City-St-Zip: | D (MENENDEZ, T 6920 S.W. 92 MIAMI, FL 33 | AVE. | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: | D (MENENDEZ, J |) Delete OSE L | Title: Name: | (|) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSE L. MENENDEZ D 01/16/2006