2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072747

Name:

Address: City-St-Zip: DURAN, MARIA E

7739 EMU DRIVE

ORLANDO, FL 32822

Entity Name: M.S. A. DISTRIBLITORS CORR

FILED Feb 02, 2006 Secretary of State

Entity Nai	ne: M&A	DISTRIBUTORS	CORPORATION				
Current Principal Place of Business:				New Principal Place of Business:			
7739 EMU ORLANDO	DRIVE), FL 32822	2					
Current Mailing Address:				New Mailing Address:			
7739 EMU ORLANDO	DRIVE), FL 32822	2					
FEI Number: 06-1704583 FEI Number			pplied For()	FEI Number Not Applicable () Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
7739 EMU ORLANDO The above	DRIVE), FL 32822 named ent e of Florida.		,	urpose of changing it	ts registered	office or registered agent,	, or both,
	Elect	ronic Signature o	-	nt		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D SANTOS, LI 7739 EMU I ORLANDO,	DRIVE		Title: Name: Address: City-St-Zip:	D SANTOS, LU 7739 EMU D ORLANDO, F	R	
Title: Name: Address: City-St-Zip:	D VILLEGAS, 7739 EMU I ORLANDO,	DRIVE		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title:	D	() Delete		Title:	1	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDRES VILLEGAS D 02/02/2006