


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000064200 1. Entity Name AP ATLANTIC DISTRIBUTION, INC.	
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Principal Place of Business 7190 NW 12TH STREET MIAMI, FL 33126	Mailing Address 7190 NW 12TH STREET MIAMI, FL 33126
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03182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0608693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PELAEZ, EMILIO
 7190 N.W. 12TH STREET
 MIAMI, FL 33126

DO NOT WRITE
IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME	P ALPIZAR, OLGA
STREET ADDRESS CITY-ST-ZIP	19111 COLLINS AVE, # 707 SUNNY ISLES BEACH, FL 33160
TITLE NAME	VP PELAEZ, ANTONIO JR.
STREET ADDRESS CITY-ST-ZIP	797 SHETLAND LANE RIDGEFIELD, NJ 07657
TITLE NAME	T PELAEZ, EMILIO
STREET ADDRESS CITY-ST-ZIP	7 ALPINE DRIVE CLOSTER, NJ 07624
TITLE NAME	S PELAEZ, LUIS M
STREET ADDRESS CITY-ST-ZIP	45 SILO LANE WARWICK, NY 10990
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

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U00000543320
05/10/06-80134-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/29/06 Daytime Phone # _____