

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000082362

Entity Name: COUNTYWIDE DISTRIBUTOR, CORP.

FILED
Nov 18, 2005
Secretary of State

Current Principal Place of Business:

10816 SW 188ST
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

10816 SW 188ST
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0428525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHAURI, ERNESTO
11120 SW 120TH ST.
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

ECHAURI, COSME
10818 S.W. 188 ST
MIAMI, FL 33157 US

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.

SIGNATURE: COSME ECHAURI

11/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ECHAURI, ERNESTO
Address: 11120 S.W. 120TH STREET
City-St-Zip: MIAMI, FL 33176

Title: ST () Delete
Name: ECHAURI, LUCIA
Address: 11120 S.W. 120TH STREET
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ECHAURI, LUCIA
Address: 10816 S.W. 188 ST
City-St-Zip: MIAMI, FL 33157

Title: VP (X) Change () Addition
Name: ECHAURI, COSME
Address: 10818 S.W. 188 ST
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: LUCIA ECHAURI

P

11/18/2005

Electronic Signature of Signing Officer or Director

Date