
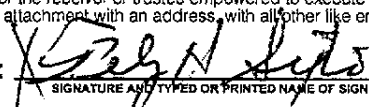


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 562942 1. Entity Name SIXTO H. DISTRIBUTORS, INC.		
Principal Place of Business 9192 CORAL WAY SUITE 201 MIAMI, FL 33165 US		Mailing Address 9192 CORAL WAY SUITE 201 MIAMI, FL 33165 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SIXTO, FELIPE HUMBERTO 7342 SW 48 ST. MIAMI, FL 33155		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	TVD	
NAME	SIXTO, FELIPE HUMBERTO	
STREET ADDRESS	12890 SW 26TH ST	
CITY- ST- ZIP	MIAMI, FL	
TITLE	PD	
NAME	SIXTO, CARMEN	
STREET ADDRESS	2290 SW 6 ST.	
CITY- ST- ZIP	MIAMI, FL	
TITLE	VD	
NAME	SIXTO, ANDRES	
STREET ADDRESS	9630 S W 44TH STREET	
CITY- ST- ZIP	MIAMI, FL	
TITLE	SD	
NAME	SIXTO, EMILIO	
STREET ADDRESS	4000 SW 128 AVE.	
CITY- ST- ZIP	MIAMI, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		Date _____ Daytime Phone # _____
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number 23-0818900	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/10/06-80084-010 150.00