

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90180 010 \*\*\*158.75

<b>DOCUMENT #</b> 673053
<b>1. Entity Name</b> REAL DISTRIBUTING CORP.

<b>DO NOT WRITE IN THIS SPACE</b>
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<b>2. Principal Place of Business</b> 8029 N.W. 60th STREET Suite, Apt. #, etc.	<b>3. Mailing Address</b> 8029 N.W. 60th STREET Suite, Apt. #, etc.
P.O. BOX 520631 City & State MIAMI, FL	P.O. BOX 520631 City & State MIAMI, FL
Zip 33166-6897	Country USA

<b>DO NOT WRITE IN THIS SPACE</b>	
<b>4. FEI Number</b> 59-2029566	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>DO NOT WRITE IN THIS SPACE</b>	
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<b>7. Name and Address of Current Registered Agent</b>	
Name ALBERTO R. ABRANTE	
Street Address (P.O. Box Number is Not Acceptable) 8025 N.W. 60th STREET	
City MIAMI	Zip Code 33166-6897

**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD ALBERTO ABRANTE 9360 S.W. 66th STREET MIAMI, FL	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V JOSE A. ABRANTE 10383 S.W. 12th STRET MIAMI, FL	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	S JOSE M. ABRANTE 9682 FOUNTAINBLEAU BLVD. MIAMI, FL	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T MARTHA DE VARONA 15433 S.W. 43 LN MIAMIM, FL	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	V ALBERTO R. ABRANTE 4639 N.W. 97th CT MIAMI, FL	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Marta de Varona 04-15-03 592-5558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)