


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000002007
 1. Entity Name
 CACIQUE DISTRIBUTORS, U.S., INC.



Principal Place of Business: 14923 PROCTOR AVENUE, LA PUENTE, CA 91746
 Mailing Address: C/O SALMAS LAW GROUP, 1880 CENTURY PARK EAST SUITE 420, LOS ANGELES, CA 90067 US



02112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 95-4504212 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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, 2005 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 STREET ADDRESS CITY-ST-ZIP	P DE CARDENAS, GILBERT B JR. 14923 PROCTOR AVENUE LA PUENTE, CA 91746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, ANGELO P 14923 PROCTOR AVENUE LA PUENTE, CA 91746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE CARDENAS, ANA 14923 PROCTOR AVENUE LA PUENTE, CA 91746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE CARDENAS, MARIA 14923 PROCTOR AVENUE LA PUENTE, CA 91746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IGLESIAS, TIRSO 14923 PROCTOR AVENUE LA PUENTE, CA 91746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CARDENAS, JENNIE 14940 PROCTOR AVENUE LA PUENTE, CA 91744

100000237554
 02/21/05-80062-017 158.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Angelo P. Gonzalez Angelo P. Gonzalez, Vice President (626) 961-3399
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 2/14/05 Daytime Phone #