

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002007

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: CACIQUE DISTRIBUTORS, U.S., INC.

## Current Principal Place of Business:

14923 PROCTOR AVENUE  
LA PUENTE, CA 91746

## New Principal Place of Business:

## Current Mailing Address:

C/O SALMAS LAW GROUP  
1880 CENTURY PARK EAST SUITE 420  
LOS ANGELES, CA 90067 US

## New Mailing Address:

FEI Number: 95-4504212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DE CARDENAS, GILBERT L  
Address: 14940 PROCTOR AVE  
City-St-Zip: CITY OF INDUSTRY, CA 91744

Title: D ( ) Delete  
Name: MANAHAN, PETER T  
Address: 880 OAK PARK RD STE 101  
City-St-Zip: COVINA, CA 91724

Title: S ( ) Delete  
Name: DE CARDENAS, ANA  
Address: 14923 PROCTOR AVENUE  
City-St-Zip: LA PUENTE, CA 91746

Title: T ( ) Delete  
Name: DE CARDENAS, MARIA  
Address: 14923 PROCTOR AVENUE  
City-St-Zip: LA PUENTE, CA 91746

Title: D ( ) Delete  
Name: DE CARDENAS, JENNIE  
Address: 14940 PROCTOR AVENUE  
City-St-Zip: LA PUENTE, CA 91744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GILBERT L. DE CARDENAS

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date