

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90043 042 ***150.00

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 808
LOS ANGELES CA 90067
US**

20015651



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**c/o Salmas Law Group
1880 Century Park East
Suite, Apt. #, etc.
Suite 420**
City & State
Los Angeles, CA
Zip
90067
Country
USA

CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD DE CARDENAS, GILBERT B JR. 14923 PROCTOR AVENUE LA PUENTE CA 91746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition de Cardenas, Gilbert B. Jr. 14923 Proctor Avenue Los Angeles, CA 91746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, ANGELO P 14923 PROCTOR AVENUE LA PUENTE CA 91746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, Sales and Marketing <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William McCallum Moore 14923 Proctor Avenue La Puente, CA 91746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DE CARDENAS, ANA 14923 PROCTOR AVENUE LA PUENTE CA 91746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition de Cardenas, Ana 14940 Proctor Avenue City of Industry, CA 91744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE CARDENAS, MARIA 14923 PROCTOR AVENUE LA PUENTE CA 91746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition and Director de Cardenas, Gilbert L. 14940 Proctor Avenue, La Puente, CA 91744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition de Cardenas, Jennie 14940 Proctor Avenue City of Industry, CA 91744

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gonzalez **SIGNATURE REQUIRED** Gonzalez, Vice President (26) 961-0370
DATE: **1/15/03** DAYTIME PHONE #

CR2E034 (10/02)