

**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

3. Mailing Address  
**c/o Salmas Law Group  
1880 Century Park East  
Suite, Apt. #, etc.**

Suite, Apt. #, etc.

**Suite 420**

City & State

City & State

**Los Angeles, CA**

4. FEI Number **95-4504212**

Applied For  
Not Applicable

Zip

Country

Zip  
**90067**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(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	<b>PCD</b> <b>DE CARDENAS, GILBERT B JR.</b> <b>14923 PROCTOR AVENUE</b> <b>LA PUENTE CA 91746</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GONZALEZ, ANGELO P</b> <b>14923 PROCTOR AVENUE</b> <b>LA PUENTE CA 91746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>DE CARDENAS, ANA</b> <b>14923 PROCTOR AVENUE</b> <b>LA PUENTE CA 91746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DE CARDENAS, MARIA</b> <b>14923 PROCTOR AVENUE</b> <b>LA PUENTE CA 91746</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>IGLESIAS, TIRSO</b> <b>14923 PROCTOR AVENUE</b> <b>LA PUENTE CA 91746</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>IGLESIAS, TIRSO</b> <b>14923 PROCTOR AVENUE</b> <b>LA PUENTE CA 91746</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>de Cardenas, Gilbert B. Jr.</b> <b>14923 Proctor Avenue</b> <b>Los Angeles, CA 91746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO, Sales and Marketing</b> <b>William McCallum Moore</b> <b>14923 Proctor Avenue</b> <b>La Puente, CA 91746</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>de Cardenas, Ana</b> <b>14940 Proctor Avenue</b> <b>City of Industry, CA 91744</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>de Cardenas, Maria</b> <b>14923 Proctor Avenue</b> <b>La Puente, CA 91746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman of the Board</b> <b>and Director</b> <b>de Cardenas, Gilbert L.</b> <b>14940 Proctor Avenue, La Puente, CA 91744</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>de Cardenas, Jennie</b> <b>14940 Proctor Avenue</b> <b>City of Industry, CA 91744</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* **Gonzalez, Vice President** (26) 961-0370  
DATE: **1/15/03**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)