2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002806

Entity Name: KARE DISTRIBUTION, INC.

FILED Feb 17, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1250 BROADWAY 30TH FLOOR NEW YORK, NY 10001

Current Mailing Address: New Mailing Address:

1250 BROADWAY 30TH FLOOR NEW YORK, NY 10001

FEI Number: 20-1243417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331 US

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: 02/17/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C

Name: GUSTAVO DE LA, GARZA ORTEGA Address: 1250 BROADWAY, 30TH FLOOR

City-St-Zip: NEW YORK, NY 10001

Title: F

Name: ROBERT K., LACY

Address: 1250 BROADWAY, 30TH FLOOR City-St-Zip: NEW YORK, NY 10001

Title: S

Name: ROBERTA, KRAUS

Address: 1250 BROADWAY, 30TH FLOOR

City-St-Zip: NEW YORK, NY 10001

Title: 7

Name: MERYL, RAVITZ

Address: 1250 BROADWAY, 30TH FLOOR

City-St-Zip: NEW YORK, NY 10001

Title:

Name: ROBERTO X., MARGAIN Address: 1250 BROADWAY. 30TH FLOOR

City-St-Zip: NEW YORK, NY 10001

Title:

Name: PEDRO SALINAS, ARRAMBIDE Address: 1250 BROADWAY, 30TH FLOOR City-St-Zip: NEW YORK, NY 10001

I hereby 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 all other like empowered.

SIGNATURE: MERYL RAVITZ T 02/17/2011