



## 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G18477						<p style="font-size: 1.2em; margin: 0;">FILED</p> <p style="margin: 0;">05 OCT -7 PM 5: 04</p> <p style="margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Entity Name <b>DARMAN DISTRIBUTOR INC.</b>							
Principal Place of Business <b>% GUILLERMO GARCIA 8430 NW 56TH ST MIAMI, FL 33166</b>		Mailing Address <b>% GUILLERMO GARCIA 8430 NW 56TH ST MIAMI, FL 33166</b>					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-2254923</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent <b>GARCIA, GUILLERMO 8430 N.W. 56TH ST. MIAMI, FL 33166</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<b>FL</b> 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 _____							
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD GARCIA, GUILLERMO 8430 N.W. 56TH ST. MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600060352856 10/07/05--01041--005 **122.50</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD GARCIA, GUILLERMO JR 8430 N.W. 56TH ST. MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD GARCIA, JORGE L 8430 N.W. 56TH ST. MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>STD GARCIA, JORGE L. 8430 NW 56 STREET MIAMI, FL 33166</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>RE 10/10</i>		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input 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: <i>Guillermo Garcia</i>				Date: <i>8/20/05</i>		Daytime Phone #: <i>(305) 609 3769</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #	