2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # G32183 DISTRIBUTING CO.					04-25-2005	90255 003 ***15	8.75	
Principal Place of Business Mailing Address				·		20044898			
1925 BRICKE	ELL AVE	1925 BRICKELL AVE				20044000			
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005	Chg-P	CR2E034 (10/03	•		
City & State		City & State		4. FEI Numb 59-229			Applied For Not Applicable		
Zip	Country	Zip Coun		try	5. Certificate	of Status Desired	\$8.75 Ac Fee Requir	dditional ed	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered Agent		
AHAM CORPORATE PECIOTRY				Name					
MIAMI CORPORATE REGISTRY 1925 BRICKELL AVE STE D206				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33129									
				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 trile if applicable. (NOTE; Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRECTORS 11				ADDITIONS	CHANGES TO OF	FICERS AND DIRECTO	RS IN 11	
TITLE NAME			TITLE	J			- Change	☐ Addition	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33166 cm			-ST-ZIP					
TOLE	VS Delete TIT		TITLE	E		•	☐ Change	☐ Addition	
NAME	SAUMELL, MIRIAM								
STREET ADORESS CITY-ST-ZIP				ET ADORESS -ST-ZIP					
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CITY-ST-ZIP CITY									
1 40 16-45-	natifu that the information cumplied wit		- 46		d in Complete 440 07/01	C. Cladida Oraniaaa			

Interest certify mat the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to except 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.