
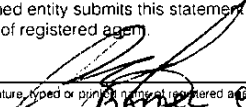
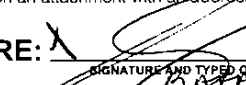


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90045 006 \*\*\*150.00

<b>DOCUMENT # G32183</b> 1. Entity Name <b>APOLLO DISTRIBUTING CO.</b>			
Principal Place of Business <b>2100 WEST 76TH ST SUITE 212 HIALEAH, FL 33016 US</b>		Mailing Address <b>2100 WEST 76TH ST SUITE 212 HIALEAH, FL 33016 US</b>	
2. Principal Place of Business - No P.O. Box # <b>21322 SW 94 CT.</b>		3. Mailing Address <b>21322 SW 94 CT.</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Cutler Bay FL</b>		City & State <b>Cutler Bay FL</b>	
Zip <b>33189</b>		Zip <b>33189</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-2291729</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MIAMI CORPORATE REGISTRY 2100 WEST 76TH ST SUITE 208 HIALEAH, FL 33016</b>		7. Name and Address of New Registered Agent Name <b>Rafael Cruz</b> Street Address (P.O. Box Number is Not Acceptable) <b>21322 SW 94 CT.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33189</b>	
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>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</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	PTD SAUMELL, ENRIQUE 7010 N.W. 52ND ST MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SAUMELL, MIRIAM 7010 N.W. 52ND ST MIAMI, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date <b>1-14-08</b> Daytime Phone # <b>786-412-1274</b>	