2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 31, 2007 08:00 AM Secretary of State DOCUMENT # G86134 1. Entity Namo RODOLFO DISTRIBUTORS, INC. Principal Place of Business Mailing Address 720 EAST 14TH PLACE HIALEAH FL 33010 720 EAST 14TH PLACE HIALEAH FL 33010 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) Applied For 4. FEI Number City & State City & State 59-2369283 Not Applicable Zip $Z_{|\mathcal{D}|}$ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORA, RODOLFO Street Address (P.O. Box Number is Not Acceptable) 720 EAST 14TH PLACE HIALEAH FL 33010 City 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 r applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition MU ☐ Delete TITLE Change MORA, RODOLFO NAME NAME U000000613493 720 E. 14TH PL. STRETT ADDRESS STREET ADDRESS 02/05/07-80041-011 150.00 HIALEAH FL 33010 CITY - ST-ZIP CITY-ST ZIP Change Addition HRT Delete TITLE MORA, EMELDA NAME NALS 720 E. 14TH PL. STREET ADDRESS STREET ADDRESS HIALEAH FL 33010 CITY-ST-ZIP CITY-ST ZIP HILE Delete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-SI-ZIP Addition ITHE ☐ Delete TITLE Change NAME STREET ADDRESS SIRTTI ADORESS CHY ST-ZIP CHY ST THE Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST 71P CUTY ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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:

PRESIDENT

**FILED**