


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G86134</b> 1. Entity Name <b>RODOLFO DISTRIBUTORS, INC.</b>		
Principal Place of Business <b>720 EAST 14TH PLACE HIALEAH FL 33010</b>		Mailing Address <b>720 EAST 14TH PLACE HIALEAH FL 33010</b>
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
4. FEI Number <b>59-2369283</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MORA, RODOLFO 720 EAST 14TH PLACE HIALEAH FL 33010</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME	DP <b>MORA, RODOLFO</b> <input type="checkbox"/> Delete STREET ADDRESS <b>720 E. 14TH PL.</b> CITY- ST- ZIP <b>HIALEAH FL 33010</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000613493 02/05/07-80041-011 150.00
TITLE NAME	D <b>MORA, EMELDA</b> <input type="checkbox"/> Delete STREET ADDRESS <b>720 E. 14TH PL.</b> CITY- ST- ZIP <b>HIALEAH FL 33010</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E034 (10/06)

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 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:** Rodolfo Mora **RODOLFO MORA** **PRESIDENT** **1/28/07** **(305) 888-6355**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #