


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000015927 1. Entity Name CAMAR DISTRIBUTION, LLC	
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Principal Place of Business 1160 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 23009	Mailing Address 1160 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 23009
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1062671	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BERKOWITZ, RICHARD A ONE SE THIRD AVE., 15TH FLOOR MIAMI, FL 33131

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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>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by September 7, 2005

1100000372010
07/11/05-80012-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SZERER, ROBERTO 1160 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 23009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DURCHFORT, RONALD 1160 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 23009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: <u>[Signature]</u>	Date: <u>7/7/05</u>	Daytime Phone #: <u>954 456 2566 x124</u>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE