

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012631

FILED
Apr 29, 2004
Secretary of State

Entity Name: DISTRIBUTION SOLUTIONS OF AMERICA LLC

Current Principal Place of Business:

9460 SW 54 STREET
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

9460 SW 54 STREET
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 65-1140399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SINTES, FRANCISCO J
9460 SW 54 STREET
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SINTES, FRANCISCO J
Address: 7215 NW. 41 ST., BAY G
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: SERNA, CRISTYAN
Address: 7215 NW. 41 ST., BAY G
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SINTES, FRANCISCO J
Address: 9460 SW 54 STREET
City-St-Zip: MIAMI, FL 33165

Title: MGRM (X) Change () Addition
Name: SINTES, MARIA X
Address: 9460 SW 54 ST
City-St-Zip: MIAMI, FL 33165

Title: MGRM () Change (X) Addition
Name: SINTES, ELVA T
Address: 9460 SW 54 ST
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FRANCISCO J. SINTES

MGR

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date