

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 07, 2004  
Secretary of State**

DOCUMENT# L01000014046

Entity Name: CALA DISTRIBUTION, L.C.

**Current Principal Place of Business:**

2279 NW 102 PLACE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2279 NW 102 PLACE  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 65-1131818      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 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: MGRM ( ) Delete  
Name: BREA, JOSE RAMON  
Address: 2279 N.W. 102ND PLACE  
City-St-Zip: MIAMI, FL 331722523

Title: MGRM ( ) Delete  
Name: SALCEDO, PEDRO  
Address: 2279 N.W. 102ND PLACE  
City-St-Zip: MIAMI, FL 331722523

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PEDRO L SALCEDO

MGRM

01/07/2004

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