

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014046

FILED
Jan 04, 2006
Secretary of State

Entity Name: CALA DISTRIBUTION, L.C.

Current Principal Place of Business:

2279 NW 102 PLACE
MIAMI, FL 33172

New Principal Place of Business:

2705 NW 109 AVE
DORAL, FL 331725004

Current Mailing Address:

2279 NW 102 PLACE
MIAMI, FL 331722523

New Mailing Address:

2705 NW 109 AVE
DORAL, FL 331725004

FEI Number: 65-1131818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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/MANAGERS:

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: MGRM (X) Change () Addition
Name: BREA, JOSE R
Address: 2705 NW 109 AVE
City-St-Zip: DORAL, FL 331725004

Title: MGRM (X) Change () Addition
Name: SALCEDO, PEDRO L
Address: 2705 NW 109 AVE
City-St-Zip: DORAL, FL 331725004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

01/04/2006

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