

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 05, 2007  
Secretary of State**

DOCUMENT# L01000014046

Entity Name: CALA DISTRIBUTION, L.C.

**Current Principal Place of Business:**

2705 NW 109 AVE  
DORAL, FL 331725004

**New Principal Place of Business:**

**Current Mailing Address:**

2705 NW 109 AVE  
DORAL, FL 331725004

**New Mailing Address:**

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

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

SALCEDO, PEDRO  
2705 NW 109 AVE  
DORAL, FL 331725004 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 R  
Address: 2705 NW 109 AVE  
City-St-Zip: DORAL, FL 331725004

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

**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 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 SALCEDO

MGRM

01/05/2007

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