

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Apr 04, 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:**

SALCEDO, PEDRO L  
2705 NW 109 AVE  
DORAL, FL 331725004 US

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: PEDRO L SALCEDO      04/04/2007  
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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: SALCEDO, PEDRO L  
Address: 2705 NW 109 AVE  
City-St-Zip: DORAL, FL 33172

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: JOSE R. BREA      MGRM      04/04/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date