

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023868

FILED
Apr 30, 2004
Secretary of State

Entity Name: DISTRIBUTION CONCEPTS, LLC

Current Principal Place of Business:

255 ALHAMBRA CIRCLE
640
CORAL GABLES, FL 33134

New Principal Place of Business:

1850 NW 84TH AVE
100
MIAMI, FL 33126

Current Mailing Address:

255 ALHAMBRA CIRCLE
640
CORAL GABLES, FL 33134

New Mailing Address:

1850 NW 84TH AVE
100
MIAMI, FL 33126

FEI Number: 14-1848845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VILLOLDO, RAFAEL
255 ALHAMBRA CIRCLE
SUITE #640
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

VILLOLDO, RAFAEL
1850 NW 84TH AVE
100
MIAMI, FL 33126 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: RAFAEL VILLOLDO

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRP () Delete
Name: GARCIA, RENE
Address: 255 ALHAMBRA CIRCLE, #640
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRP (X) Delete
Name: FALERO, RAMON
Address: 255 ALHAMBRA CIRCLE, #640
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARCIA, RENE
Address: 1850 NW 84TH AVE
City-St-Zip: MIAMI, FL 33126

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: RENE GARCIA

MGR

04/30/2004

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