

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030089

Entity Name: DECAL DISTRIBUTOR, LLC

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

2748 WEST 79 ST
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2748 WEST 79 ST
HIALEAH, FL 33016

New Mailing Address:

9100 S DADELAND BLVD
SUITE 912
MIAMI, FL 33156

FEI Number: 13-4222954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIEDRA, AURELIO A
780 NW LEJEUNE RD
STE 516
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

PIEDRA, AURELIO A
9100 S DADELAND BLVD
STE 912
MIAMI, FL 33156 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:

02/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CALZADILLA, ALEXANDER
Address: 5072 NW 116 AVE
City-St-Zip: MIAMI, FL 33178

Title: MGR () Delete
Name: DE CASTRO, EDUARDO
Address: 1912 TIMBERLINE RD
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CALZADILLA, ALEXANDER
Address: 9100 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

Title: MGR (X) Change () Addition
Name: DE CASTRO, EDUARDO
Address: 9100 S DADELAND BLVD
City-St-Zip: MIAMI, FL 33156

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: ALEXANDER CALZADILLA

MGRM

02/15/2006

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