2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 15, 2008
Secretary of State

DOCUMENT# L02000030089

Entity Name: DECAL DISTRIBUTOR, LLC

Current Principal Place of Business:

1519 NW 82 AVENUE
DORAL, FL 33126

New Principal Place of Business:

Current Mailing Address:

1519 NW 82 AVENUE
DORAL, FL 33126

New Mailing Address:

FEI Number: 13-4222954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUTIERREZ, NICOLAS J ESQ
2665 S BAYSHORE DRIVE
SUITE 701
MIAMI, FL 33133 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: MGR ( ) Delete
Name: CALZADILLA, ALEXANDER
Address: 1519 NW 82 AVENUE
City-St-Zip: DORAL, FL 33126

Title: MGR ( ) Delete
Name: DE CASTRO, EDUARDO
Address: 1519 NW 82 AVENUE
City-St-Zip: DORAL, FL 33126

Title: MGR (X) Delete
Name: DUARTE, CARLOS E
Address: 1519 NW 82 AVENUE
City-St-Zip: DORAL, FL 33126

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DE CASTRO, EDUARDO
Address: 1519 NW 82 AVENUE
City-St-Zip: DORAL, FL 33126

Title: MGR (X) Change ( ) Addition
Name: DUARTE, CARLOS E
Address: 1519 NW 82 AVENUE
City-St-Zip: DORAL, 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 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: EDUARDO DE CASTRO MGR 05/15/2008

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