2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 04, 2007 8:00 am Secretary of State DOCUMENT # L05000083486 04-04-2007 90037 026 ****50.00 1. Entity Name TCP DISTRIBUTORS LLC. Principal Place of Business Mailing Address 8283 NW 64TH STREET 8283 NW 64TH STREET 60032153 MIAMI, FL 33166 US MIAMI, FL 33166 US 02262007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 55-0903432 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COSTA, PEDRO H DO NOT WRITE 11467 NW 50TH TERRACE MIAMI, FL 33178 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE SOUZA PRACA, ANTONIO A NAME STREET ADDRESS RUA MARIA ANGELIÇA 146 APT 804 CITY-ST-ZIP RIO DE JANEIRO BRAZIL. BR 22470-202 TITLE COSTA, PEDRO H NAME 11467 NW 50TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33178 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #