

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019544

FILED
Apr 26, 2007
Secretary of State

Entity Name: MARKETING SALES & DISTRIBUTION, CONSULTANTS, LLC

Current Principal Place of Business:

350 FERN DRIVE
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

350 FERN DRIVE
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-4271358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOLIVAR, JAIRO
12000 BISCAYNE BLVD., STE. 415 B
MIAMI, FL 33181 US

Name and Address of New Registered Agent:

BOLIVAR, JAIRO
350 FERN DRIVE
WESTON, FL 33326 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:

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOLIVAR, JAIRO
Address: 12000 BISCAYNE BLVD., STE. 415 B
City-St-Zip: MIAMI, FL 33181

Title: MGR () Delete
Name: LOPERA, MONICA
Address: 12000 BISCAYNE BLVD., STE. 415 B
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOLIVAR, JAIRO
Address: 350 FERN DRIVE
City-St-Zip: WESTON, FL 33326

Title: MGR (X) Change () Addition
Name: LOPERA, MONICA
Address: 350 FERN DRIVE
City-St-Zip: WESTON, FL 33326

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: JAIRO BOLIVAR

MGRM

04/26/2007

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