

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026789

FILED
Feb 05, 2007
Secretary of State

Entity Name: NEWPORT DISTRIBUTORS LLC

Current Principal Place of Business:

33201 SW 210 AVE
FLORIDA CITY, FL 33034

New Principal Place of Business:

21930 SW 254 ST.
REDLAND, FL 33031

Current Mailing Address:

33201 SW 210 AVE
FLORIDA CITY, FL 33034

New Mailing Address:

21930 SW 254 ST.
REDLAND, FL 33031

FEI Number: 76-0823250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRESPO, MERCEDES B
2121 NW 24 AVE
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

CRESPO, MERCEDES B
21930 SW 254 ST.
REDLAND, FL 33031 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:

02/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CRESPO, MERCEDES B
Address: 33201 SW 210 AVE
City-St-Zip: FLORIDA CITY, FL 33034

Title: MGRM () Delete
Name: TORRES, EFRAIN
Address: 33201 SW 210 AVE
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CRESPO, MERCEDES B
Address: 21930 SW 254 ST.
City-St-Zip: REDLAND, FL 33031

Title: MGRM (X) Change () Addition
Name: TORRES, EFRAIN
Address: 21930 SW 254 ST.
City-St-Zip: REDLAND, FL 33031

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: MERCEDES B. CRESPO

PRES

02/05/2007

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