2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# L06000066348

Entity Name: GPE DISTRIBUTION, LLC

Current Principal Place of Business:

3061 NW 47 TERRACE #229A
BLDG. C-3
FT. LAUDERDALE, FL 33313

New Principal Place of Business:

Current Mailing Address:

3061 NW 47 TERRACE #229A
BLDG. C-3
FT. LAUDERDALE, FL 33313

New Mailing Address:

FEI Number: 86-1171816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AB CONSULTING & ACCOUNTING SERVICES INC
160 NW 176ST KENNEDY PLAZA
SUITE 203
MIAMI GARDENS, FL 33169 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: JEAN-PIERRE, GARRY
Address: 16245 SW 26TH ST
City-St-Zip: HOLLYWOOD, FL 33027

Title: MGR ( ) Delete
Name: JEAN-PIERRE, PRISCA
Address: 16245 SW 26TH ST
City-St-Zip: HOLLYWOOD, FL 33027

Title: MGR ( ) Delete
Name: MICHEL, EMMANUEL
Address: 20145 NE 3CT # 11
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GARRY JEAN-PIERRE MGR 01/17/2008

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