


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90030 006 \*\*\*158.75

<b>DOCUMENT # M14620</b>	
1. Entity Name <b>L. V. P. AMERICAN DISTRIBUTORS, INC.</b>	

Principal Place of Business <b>8109 NW 60TH ST. MIAMI FL 33166 US</b>	Mailing Address <b>P. O. BOX 971098 P.O. BOX 971098 MIAMI FL 33197 US</b>
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2. Principal Place of Business - No P.O. Box # <b>13912 S.W.</b>	3. Mailing Address <b>Same as above</b>
Suite, Apt. #, etc. <b>139 CT.</b>	Suite, Apt. #, etc.
City & State <b>MIAMI, FL</b>	City & State
Zip <b>33186</b>	Country

1st MOORE CR2E034 (10/06)

4. FEI Number <b>59-2522324</b>		Applied For <input type="checkbox"/> Not Applicable								
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>										
<table border="1"> <tr> <th colspan="2">6. Name and Address of Current Registered Agent</th> <th colspan="2">7. Name and Address of New Registered Agent</th> </tr> <tr> <td colspan="2"> <b>PEREZ, JORGE O.</b>  <b>12240 S.W. 186TH STREET</b>  <b>MIAMI FL 33177</b> </td> <td colspan="2"> Name  Street Address (P.O. Box Number is Not Acceptable)  City  <b>FL</b> Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		<b>PEREZ, JORGE O.</b> <b>12240 S.W. 186TH STREET</b> <b>MIAMI FL 33177</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent								
<b>PEREZ, JORGE O.</b> <b>12240 S.W. 186TH STREET</b> <b>MIAMI FL 33177</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code								

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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PD</b> <b>PEREZ, JORGE O.</b> <b>12240 S.W. 186TH ST</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>SD</b> <b>PEREZ, LUCY V.</b> <b>12240 S.W. 186TH ST</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jorge O. Perez - Jorge O. Perez 3/26/07 305-255-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #