2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 06, 2005
Secretary of State

DOCUMENT# M84692

Entity Name: ANDROS DISTRIBUTORS, INC.

Current Principal Place of Business:

C/O GABLES INTERNATIONAL PLAZA
2655 LE JEUNE RD., SUITE 606
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

C/O GABLES INTERNATIONAL PLAZA
2655 LE JEUNE RD., SUITE 606
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 13-3469976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLUARD, PHILIPPE
2655 LE JEUNE RD.
SUITE 606
CORAL GABLES, FL 33134 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: PHILIPPE ALLUARD
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: ALLUARD, PHILIPPE,
Address: C/O 2655 LE JEUNE RD 606
City-St-Zip: CORAL GABLES, FL

Title: S ( ) Delete
Name: SHAW, ERIC,
Address: 280 PARK AVE.
City-St-Zip: NEW YORK, NY.,

Title: VPAS ( ) Delete
Name: COLLOT, THIERY
Address: 2655 LEJEMNE ROAD STE 606
City-St-Zip: CORAL GABLES, FL 33134

Title: VP ( ) Delete
Name: ALLUARD, CATHERINE
Address: 808 JERONIMO DRIVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIPPE ALLUARD PT 10/06/2005
Electronic Signature of Signing Officer or Director — Date