2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005
Secretary of State

DOCUMENT# P00000012780

Entity Name: LA VICTORIA DISTRIBUTOR INC.

Current Principal Place of Business:

1511 S.W 37 AVE
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

1511 S.W 37 AVE
MIAMI, FL 33145

New Mailing Address:

FEI Number: 65-0996397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARRIAZA, GILBERTO
1511 S.W 37 AVE
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: PERIS, MARIA
Address: 2000 S W 13TH AVE
City-St-Zip: MIAMI, FL 33145

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: PERIS, MARIA
Address: 1511 SW 37 AVE
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Change (X) Addition
Name: ARRIAZA, GILBERTO
Address: 1511 SW 37 AVE
City-St-Zip: MIAMI, FL 33145

Title: DV ( ) Change (X) Addition
Name: ARRIAZA, GILBERTO J
Address: 1511 SW 37 AVE
City-St-Zip: MIAMI, FL 33145

Title: SD ( ) Change (X) Addition
Name: ARRIAZA, AIDA
Address: 1511 SW 37 AVE
City-St-Zip: MIAMI, FL 33145

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: GILBERTO ARRIAZA D 01/21/2005

Electronic Signature of Signing Officer or Director — Date