


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000082084 1. Entity Name DIRECT DISTRIBUTION, INC.	
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DO NOT WRITE IN THIS SPACE

90090413

2. Principal Place of Business 25 SE 2nd Avenue Suite, Apt. #, etc. 1148 City & State MIAMI FLORIDA Zip 33131 Country	3. Mailing Address 25 SE 2nd Avenue Suite, Apt. #, etc. 1148 City & State MIAMI FLORIDA Zip 33131 Country	4. FEI Number 65-1060167 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name ZENDO CAPITAL INC.	
	Street Address (P.O. Box Number is Not Acceptable) 25 SE 2nd Avenue, Suite 1148	
	City MIAMI	FL Zip Code 33131

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 registering) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, GROSS, MICHAEL 25 SE 2nd Ave, Suite 1148 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T,D, THEUERMEISTER, WOLF 25 SE 2nd Ave, Suite 1148 Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, THEUERMEISTER, TINA 25 SE 2nd AVE, SUITE 1148 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address similar to the one above.

SIGNATURE:  Wolf Theuermeister 04-04-2003 305-372 0706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)