

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

FILED

05 SEP 16 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000004240	
1. Entity Name SIDARTHA DISTRIBUTORS, CORP	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2301 COLLINS AVE Suite, Apt. #, etc. # A405	3. Mailing Address 2301 COLLINS AVE Suite, Apt. #, etc. # A 405
City & State MIAMI BEACH, Florida	City & State MIAMI BEACH, FL
Zip 33139	Zip 33139
Country USA	Country USA

DO NOT WRITE IN THIS SPACE

4. FEE Number 65-1064285	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name MACEDO, CESAR A	
Street Address (P.O. Box Number is Not Acceptable) 2301 COLLINS AVE # A405	
City MIAMI BEACH	Zip Code FL 33139

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: *[Signature]* **000060086270**
09/29/05--09-15-05 \$50.00

(NOTE: Registered Agent signature required when relocating)

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. \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	A.D. MACEDO, CESAR A #704 1214 NE MIAMI GARDENS DR NORTH MIAMI BEACH, FL 33179	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V.D. MACEDO, PAULO SERGIO #704 1214 NE MIAMI GARDENS DR #704 NORTH MIAMI BEACH, FL 33179	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-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(5)(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, with all other like empowered.

SIGNATURE: *[Signature]* **09-15-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

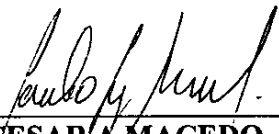
CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

Please be advise that we moved to 2301 COLLINS AVE # A405 – MIAMI BEACH, FL 33139 and we did not receive the U.B.R. for 2005 or any other notice from the Division of Corporations in respect with the Corporation **SIDARTHA DISTRIBUTORS, CORP.**

Thank you for your courtesy in this matter.



CESAR A MACEDO
AGENT REGISTERED