FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000004240

1. Entity Name
SIDARTHA DISTRIBUTORS, CORP

05 SEP 16 PM 2:30
SEC... STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

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4. FEI Number 65-1067285 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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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 FL Zip Code 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 x [signature] 09-15-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

00006008627O
09/23/05--01...--...50.00

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 ☐ $5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P.D.
NAME	MACEDO, CESAR A
STREET ADDRESS	1814 NE MIAMI GARDENS DR #704
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	V.D.
NAME	MACEDO, PAULO SERGIO
STREET ADDRESS	1814 NE MIAMI GARDENS DR #704
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

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, with all other like empowered.

SIGNATURE: x [signature] 09-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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