

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90382 040 ***150.00

DOCUMENT # P01000004240 1. Entity Name SIDARTHA DISTRIBUTORS, CORP.					
Principal Place of Business 2301 COLLINS AVE. #A405 MIAMI BEACH, FL 33139			Mailing Address 2301 COLLINS AVE. #A405 MIAMI BEACH, FL 33139		
2. Principal Place of Business 1814 NE MIAMI GARDENS DR. Suite, Apt. #, etc. #704		3. Mailing Address Suite, Apt. #, etc.			
City & State NORTH MIAMI BEACH		City & State		4. FEI Number 65-1067285	
Zip 33179		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACEDO, CESAR A 2301 COLLINS AVE. #A405 MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name MACEDO, PAULO SERGIO Street Address (P.O. Box Number is Not Acceptable) 1814 NE MIAMI GARDENS DR. #704 NORTH MIAMI BEACH FL 33179	
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 <i>[Signature]</i> DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME MACEDO, CESAR A STREET ADDRESS 1814 N.E. MIAMI GARDENS DR., #704 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/> Delete		TITLE P.D NAME MACEDO, PAULO SERGIO STREET ADDRESS 1814 NE MIAMI BEACH #704 CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					