2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: \(\precedut

May 16, 2007 8:00 am Secretary of State **DOCUMENT # P01000026641** 05-16-2007 90014 026 ***150.00 1. Entity Name MIRAMAR DISTRIBUTOR INC. 4011461J Principal Place of Business Mailing Address 12800 LE JEUNE RD 12800 LE JEUNE RD OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05072007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1082890 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANABRIA LORENZA 8101 BYRON AVE APT 309 Street Address (P.O. Box Number is Not Acceptable) MIAMI: FL 93141 5811 N.W. 198 Terrace City Hialeah 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, typed or printed name of registered agent and fittle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SD TITLE ☐ Delete TITLE NAME DELGADO, MARIO G NAME STREET ADDRESS 800 S.W. 104 COURT, APT. 205 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174 CITY-ST-ZIP PVD TITLE ☐ Delete TITLE Change ■ Addition NAME SANABRIA, LORENZA NAME 5811 N.W. 198 Terrace Hialeah Florida 33015 STREET ADDRESS 810T BYRON AVE-#309 STREET ADDRESS MIAMI-DEACH, FL 33141. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change / ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental penot is the 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 trusfee 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 a other like empowered.

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED