

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000048520

FILED
Aug 15, 2006
Secretary of State**Entity Name:** ACCESS POINT DISTRIBUTORS, INC.**Current Principal Place of Business:**8517 NW 58TH STREET
MIAMI, FL 33166**New Principal Place of Business:****Current Mailing Address:**17190 SW 94TH AVENUE
APT 903
MIAMI, FL 33157**New Mailing Address:****FEI Number:** 65-1106117 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIAZ, NELSON
17190 SW 94TH AVE., APT. 903
MIAMI, FL 33157 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PSD () Delete
Name: DIAZ, NELSON
Address: 17190 SW 94TH AVE., APT. 903
City-St-Zip: MIAMI, FL 33157**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: FIGUEROA, LOVEL E
Address: 17190 SW 94TH AVENUE # 907
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON DIAZ

PSD

08/15/2006

Electronic Signature of Signing Officer or Director

Date