2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# P01000064845

Entity Name: 4-U DISTRIBUTORS, INC.

Current Principal Place of Business:

638 E 9 STREET
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

PO BOX 111291
HIALEAH, FL 33011

New Mailing Address:

FEI Number: 20-0647601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEMUS, ALBERTO
638 E 9 STREET
HIALEAH, FL 33010 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: PD ( ) Delete
Name: GOMEZ, EMIGDIO F
Address: 638 E 9 STREET
City-St-Zip: HIALEAH, FL 33010

Title: VP ( ) Delete
Name: LEMUS, ALBERTO
Address: 638 EAST 9 ST
City-St-Zip: HIALEAH, FL 33010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEMUS, ALBERTO
Address: 638 E 9 STREET
City-St-Zip: HIALEAH, FL 33010

Title: VP (X) Change ( ) Addition
Name: GOMEZ, EMIGDIO
Address: 638 EAST 9 ST
City-St-Zip: HIALEAH, FL 33010

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: ALBERTO LEMUS PD 03/07/2006

Electronic Signature of Signing Officer or Director Date