FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000078944

N & O DISTRIBUTORS, INC.

DOCUMENT#

1. Entity Name

May 05, 2003 8:00 am Secretary of State 05-05-2003 91454 011 ***150.00

				GO WE IT		_
DO NOT WRITE IN THIS SPACE					90127890	,
2. Principal Place of Business 2760 W 84th Street Bay 9 2760 W 84th St				COLO POSTO DE CALMANDO		
Suite, Apt. #, etc. Bay 9		Suite, Apt. #. etc. Bay # 9		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For	
Zip	ih, F1.	Hialeah, Fl.		•	65-1129916	Not Applicable
3301		33016	US		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				lame	7. Name and Address of Current Registe	ered Agent
DO NOT WOITE				Zula	eima N, de Goncalves	
DO NOT WRITE Street Address					(P.O. Box Number is Not Acceptable) D. SW. 33. Ct.	
	IN THIS SP	ACE	Asset N	* 13330	<u> </u>	
				ity Miram	al -	FL Zip Code 33027
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. It am familiar with, and accept the obligations of registered agent.						
inc obligatio	na (A registere a agent.				•	
SIGNATURE Signature, typed or primed name or registered agent and trib if applicable. (NOTE: Registered Agent signature required when reinstating). DATE						
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 Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND I	DIRECTORS	26,000,000	and the artists of the second	The transit of the second of t	a to the term of the second second
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12. I hereby certify that the information supplied with this filing does not quality 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 accupate 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:

KE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Zuleaima N de Goncalves5/29/2003

305-818-2008

Daytima Phone #

APR 2 9 2003