


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90186 042 \*\*\*150.00

<b>DOCUMENT # P01000097044</b>	
1. Entity Name <b>PADRON DISTRIBUTOR, CORP.</b>	

Principal Place of Business <b>15665 SW 74TH CIR DR APT #4 MIAMI, FL 33193</b>	Mailing Address <b>15665 SW 74TH CIR DR APT #4 MIAMI, FL 33193</b>
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**40050433**



2. Principal Place of Business - No P.O. Box # <b>8368 SW 152 AVE</b>	3. Mailing Address <b>8368 SW 152 AVE</b>
Suite, Apt. #, etc. <b>#37</b>	Suite, Apt. #, etc. <b>#37</b>

03242007 Chg-P CR2E034 (12/06)

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33193</b>	Zip <b>33193</b>
Country <b>USA</b>	Country <b>USA</b>


4. FEI Number <b>65-1144400</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>PADRON, ALBERTO 15665 SW 74TH CIR DR APT #4 MIAMI, FL 33193</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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:  **3/25/2007**  
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent's signature required when reconstituting)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PADRON, ALBERTO</b>	NAME	
STREET ADDRESS	<b>15665 SW 74TH CIR DR APT #4</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI, FL 33193</b>	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENDOZA, ELIZABETH</b>	NAME	<b>DV Padron, Elizabeth</b>
STREET ADDRESS	<b>15665 SW 74TH CIR DR APT #4</b>	STREET ADDRESS	<b>8368 SW 152 AVE. Apt: #37</b>
CITY-ST-ZIP	<b>MIAMI, FL 33193</b>	CITY-ST-ZIP	<b>Miami, FL 33193</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **3/25/2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: Phone #