

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

FILED
May 22, 2003 8:00 am
Secretary of State

05-22-2003 90135 027 ***150.00

DOCUMENT #: *PO1000110425*
1. Entity Name
*CORPORATE DISTRIBUTORS of USA,
The Americas, Corp.*



90137324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3950 SW 4 STREET

3. Mailing Address
3950 SW 4 STREET

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami FL

4. FEI Number
65-1156206

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip
33134

Country
USA

Zip
33134

Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BEATRIZ G. FARALDO

Street Address (P.O. Box Number is Not Acceptable)
3950 SW 4 STREET

City
Miami

FL

Zip Code
33134

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 _____ (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 DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD FARALDO, BEATRIZ G. 3950 SW 4 STREET Miami, FL 33134</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *5/13/2003* (286)
Daytime Phone # *(352) 116*

CR2E034B (12/02)

Attachment
90137324
PO1000110425

Corporate Distributors of USA & the Americas, Corp.
3950 S.W. 4th Street
Miami, Florida 33134

May 13, 2003

Division of Corporations
Tallahassee, Fl.

To Whom It May Concern:

In December our home kitchen got burned down and in April of this year we finally moved back to our home.

We worked from our home office. Once we got back into our office, I started checking all our papers and noticed that our corporation renewal form was not received and I called your office.

I'm sending you the form you send us with this letter and check.

Thank you for your understanding.

Sincerely,



Beatriz G. Faraldo

Tel: (305) 446-8911 Fax: (305) 444-4093
E-mail: cdofusa@aol.com