

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000013836

Entity Name: C.D.E. DISTRIBUTORS INC.

FILED
Sep 19, 2007
Secretary of State

Current Principal Place of Business:

10818 S.W. 188 ST
MIAMI, FL 33157

New Principal Place of Business:

5180 NW 74 AVENUE
MIAMI, FL 33166

Current Mailing Address:

10818 S.W. 188 ST
MIAMI, FL 33157

New Mailing Address:

5180 NW 74 AVENUE
MIAMI, FL 33166

FEI Number: 03-0388737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHAURI, GOSME D
711 SUNSET RD.
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

ECHAURI, GOSME D
6910 MENTONE STREET
CORAL GABLES, FL 33146 US

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: COSME ECHAURI

09/19/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ECHAURI, COSME D
Address: 711 SUNSET RD
City-St-Zip: CORAL GABLES, FL 33143

Title: SD () Delete
Name: ECHAURI, ALICIA
Address: 711 SUNSET RD
City-St-Zip: CORAL GABLES, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ECHAURI, COSME D
Address: 6910 MENTONE STREET
City-St-Zip: CORAL GABLES, FL 33146

Title: SD (X) Change () Addition
Name: ECHAURI, ALICIA
Address: 6910 MENTONE STREET
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify 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: COSME ECHAURI

PD

09/19/2007

Electronic Signature of Signing Officer or Director

Date