

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017750

FILED
Mar 15, 2006
Secretary of State

Entity Name: COODISTRIBUCIONES INTERNACIONALES, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD SUITE 240
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD SUITE 240
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 02-0572509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD SUITE 240
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HUASA, JUAN CARLOS
Address: 2121 PONCE DE LEON BLVD SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: HUASA-IANNINI, MONICA
Address: 2121 PONCE DE LEON BLVD., N 240
City-St-Zip: MIAMI, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JUAN CARLOS HUASA

PTD

03/15/2006

Electronic Signature of Signing Officer or Director

Date