

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055151

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: AZAHAR DISTRIBUTOR, INC.

**Current Principal Place of Business:**

2089 W. 76 ST  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2089 W 76 ST  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 02-0604932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CARMONA, ELKIN  
2089 WEST 76 ST  
HIALEAH, FL 33016      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: PD ( ) Delete  
Name: CARMONA, ELKIN  
Address: 5080 SW 158 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: SD ( ) Delete  
Name: CARMONA, NORA  
Address: 5080 SW 158 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: VP ( ) Delete  
Name: CARO, IVAN  
Address: 18582 NW 53 AVE  
City-St-Zip: MIAMI, FL 33055

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: OD ( ) Change (X) Addition  
Name: CARMONA, MANUEL  
Address: 5080 SW 158 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: OD ( ) Change (X) Addition  
Name: ESPINOSA, CLAUDIA  
Address: 5080 SW 158 AVE  
City-St-Zip: MIRAMAR, FL 33027

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: ELKIN CARMONA

PD

01/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date