2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004
Secretary of State

DOCUMENT# P02000084618

Entity Name: CLASSICA DISTRIBUTIONS CORP.

Current Principal Place of Business:

16950 W DIXIE HWY #624
N MIAMI BCH, FL 33160

New Principal Place of Business:

19195 MYSTIC POINTE DRIVE
APT. 2002
AVENTURA, FL 33180

Current Mailing Address:

16950 W DIXIE HWY #624
N MIAMI BCH, FL 33160

New Mailing Address:

19195 MYSTIC POINTE DRIVE
APT. 2002
AVENTURA, FL 33180

FEI Number: 03-0477750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALO, JACINTO
16950 W DIXIE HWY #624
N MIAMI BCH, FL 33160 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: D ( ) Delete
Name: GALO, JACINTO
Address: 16950 W DIXIE HWY #624
City-St-Zip: N MIAMI BCH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GALO, JACINTO
Address: 19195 MYSTIC POINTE DRIVE APT 2002
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACINTO GALO D 01/12/2004

Electronic Signature of Signing Officer or Director — Date