



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90193 006 ***150.00

DOCUMENT # P02000109693 1. Entity Name CELFAST DISTRIBUTORS CORP.					
Principal Place of Business 3324 TORREMOLINOS AVENUE MIAMI, FL 33178			Mailing Address 3324 TORREMOLINOS AVENUE MIAMI, FL 33178		
2. Principal Place of Business 3900 NW 79 Ave Suite, Apt. #, etc. 634 City & State MIAMI, FL Zip 33166 Country USA		3. Mailing Address 3900 NW 79 Ave Suite, Apt. #, etc. 634 City & State MIAMI, FL Zip 33166 Country USA			
05012006 Chg-P CR2E034 (11/05)				4. FEI Number 27-0033311	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GUEVARA, CLAUDIA C 3324 TORREMOLINOS AVENUE MIAMI, FL 33178			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3900 NW 79 Ave Suite 634 City MIAMI FL Zip Code 33166		
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 <u><i>Claudia C. Guevara</i></u> DATE <u>4/29/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUEVARA, FERNANDO A 3324 TORREMOLINOS AVENUE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GUEVARA, FERNANDO A. 3900 NW 79 Ave Suite 634 MIAMI, FL 33166
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GUEVARA, CLAUDIA C 3324 TORREMOLINOS AVENUE MIAMI, FL 33178	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD GUEVARA, CLAUDIA C. 3900 NW 79 Ave Suite 634 MIAMI, FL 33166
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Claudia C. Guevara</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/29/06</u> Daytime Phone #		