2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042699

Entity Name: LOA WHOLESALE DISTRIBUTION CORPORATION

FILED Apr 22, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business:	New Principal Place of Business:

500 E BROWARD BLVD STE 1650 FT LAUDERDALE, FL 33394

Current Mailing Address: New Mailing Address:

500 E BROWARD BLVD STE 1650 C/O TRIVEST PARTNERS LP FT LAUDERDALE, FL 33394 2665 SO BAYSHORE DR STE 800 MIAMI, FL 33133

FEI Number: 03-0514535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR
MIAMI, FL 33145 US

GERSHMAN, DAVID
C/O TRIVEST PARTNERS LP
2665 SO BAYSHORE DR STE 800
MIAMI, FL FL 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: DAVID GERSHMAN 04/22/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition WITTENBERNS, ROGER Name: WITTENBERNS, ROGER Name: 500 E BROWARD BLVD STE 1650 500 E BROWARD BLVD STE 1650 Address: Address: FT LAUDERDALE, FL 33394 City-St-Zip: FT LAUDERDALE, FL 33394 City-St-Zip: () Delete Title: () Change (X) Addition Title: MCDOWELL, DEREK A Name: Name: 2665 SO BAYSHORE DR STE 800 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133 () Delete Title: Title: () Change (X) Addition CAVUOTO, CHARLES Name: Name: 500 E BROWARD BLVD STE 1650 Address Address: City-St-Zip: City-St-Zip: FT LAUDERDALE, FL 33394 Title: () Delete Title: CFO () Change (X) Addition KACER, MARK Name: Name: Address: Address: 500 E BROWARD BLVD STE 1650 City-St-Zip: City-St-Zip: FT LAUDERDALE, FL 33394 Title: Title: SGC () Change (X) Addition () Delete GERSHMAN, DAVID Name: Name: Address: 2665 SO BAYSHORE DR STE 800 Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133 Title: () Delete Title: () Change (X) Addition SETTEMBRINO, JEFF Name: Name: 2665 SO BAYSHORE DR STE 800 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133

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: MARILYN D KUFFNER ASEC 04/22/2005