FILED
Aug 27, 2004 8:00 am
Secretary of State
08-27-2004 90008 024 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000047505

1. Entity Name
DISTRIBUIDORA LA MATAGALPA, INC.

24081884

03282003 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
9809 NORTHWEST 80 AVE. BAY 9-U HIALEAH GARDENS, FL 33016	9809 NORTHWEST 80 AVE. BAY 9-U HIALEAH GARDENS, FL 33016

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 160352
Suite, Apt. #, etc.	Suite, Apt. #, etc. Hialeah
City & State	City & State Fl.
Zip / Country	Zip 33016 Country USA

4. FEI Number: 20-0009939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SOBALVARRO, HENRY
9809 NORTHWEST 80 AVE.
BAY 9-U
HIALEAH GARDENS, FL 33016

7. Name and Address of New Registered Agent

Name: Henry Sobalvarro
Street Address (P.O. Box Number is Not Acceptable): 9809 NW 80 AV. BAY 9U.
City: Hialeah Gardens FL Zip Code 33016

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SOBALVARRO, HENRY 9809 NORTHWEST 80 AVE. BAY9-U HIALEAH GARDENS, FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: ____________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #