2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000056609

Entity Name: RO DISTRIBUTORS, INC.

FILED Jan 04, 2005 Secretary of State

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

11719 NW 39TH STREET 7001 NW 16 STREET

SUNRISE, FL 33323 A203

PLANTATION, FL 33313

Current Mailing Address: New Mailing Address:

11719 NW 39TH STREET 7001 NW 16 STREET

SUNRISE, FL 33323 A203

PLANTATION, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FEI Number: 42-1596765 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:

CRUZ, VEORNICA CRUZ, VEORNICA 11719 NW 39TH STREET 7001 ŃW 16 STREET A203

SUNRISE, FL 33323

PLANTATION, FL 33313 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: VERONICA CRUZ 01/04/2005

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

FIGUEROA, AMBIORIX FIGUEROA, AMBIORIX Name: Name: 11719 NW 39TH STREET Address: 7001 NW 16 STREET #A203 Address: City-St-Zip: SUNRISE, FL 33323 City-St-Zip: PLANTATION, FL 33313

() Delete Title: VD Title: VD (X) Change () Addition

CRUZ, VERONICA CRUZ, VERONICA Name: Name:

11719 NW 39TH STREET Address: 7001 NW 16 STREET #A203 Address: SUNRISE, FL 33323 PLANTATION, FL 33313 City-St-Zip: City-St-Zip:

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: AMBIORIX FIGUEROA PD 01/04/2005