2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000093479

Address:

City-St-Zip:

14532 SW 12 LANE

MIAMI, FL 33184

FILED Oct 13, 2004 Secretary of State

Entity Name: ALFREDO DISTRIBUTION INC. **Current Principal Place of Business: New Principal Place of Business:** 14532 SW 12 LANE MIAMI, FL 33184 **Current Mailing Address: New Mailing Address:** 14532 SW 12 LANE MIAMI, FL 33184 FEI Number: 81-0629833 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: ZALDIVAR, JOSE LUIS GUEDES, ALFREDO 3764 SW 150 COURT 14532 SW 12 LANE MIAMI, FL 33185 MIAMI, FL 33184 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: ALFREDO GUEDES 10/13/2004 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition GUEDES, ALFREDO Name: Name: 14532 SW 12 LANE Address: Address: City-St-Zip: MIAMI, FL 33184 City-St-Zip: Title: VD Title: () Delete () Change () Addition ZALDIVAR, JOSE LUIS Name: Name: 14532 SW 12 LANE Address: Address: MIAMI, FL 33184 City-St-Zip: City-St-Zip: () Delete Title: Title: SD () Change () Addition ZALDIVAR, ARNELY Name: Name: 14532 SW 12 LANE Address: Address: City-St-Zip: MIAMI, FL 33184 City-St-Zip: Title: TD () Delete Title: () Change () Addition GUZMAN, MAYRA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ALFREDO GUEDES PD 10/13/2004