

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2006 08:00 AM
Secretary of State

| | | | | | |
|--|---|---------------------------------|---|---|--|
| DOCUMENT # P03000117574 1. Entity Name MISTER DISTRIBUTOR, INC. | | | |  | |
| Principal Place of Business 2642 COLLINS AVE # 504 MIAMI BEACH FL 33140 | | | Mailing Address P.O. BOX 812361 BOCA RATON FL 33481 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 41-2128438 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RODRIGUEZ, ADMILCAR 2642 COLLINS AVE # 504 MIAMI BEACH FL 33140 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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 | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when retaining)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RODRIGUEZ, AMILCAR 2642 COLLINS AVE, # 504 MIAMI BEACH FL 33140 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000445248 03/07/06-80035-021 150.00 | |
| 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"/> Add | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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: _____

02/08/06 786-27157