

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000117713

FILED
May 21, 2008
Secretary of State**Entity Name:** LP DISTRIBUTOR OF FLORIDA INC**Current Principal Place of Business:**2315 NW 107TH AVE
SUITE: 1-M 29
DORAL, FL 33172 US**New Principal Place of Business:****Current Mailing Address:**2315 NW 107TH AVE
SUITE: 1-M 29
DORAL, FL 33172 US**New Mailing Address:****FEI Number:** 20-4993932 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DELGADO, JOSE E
2315 NW 107TH AVE
SUITE: 1-M 29
DORAL, FL 33172 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: DELGADO, JOSE E
Address: 2315 NW 107TH AVE SUITE: 1-M 29
City-St-Zip: DORAL, FL 33172 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP () Change (X) Addition
Name: TORRES, MELVA
Address: 14550 NW 80TH CT
City-St-Zip: MIAMI, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MELVA TORRES

VP

05/21/2008

Electronic Signature of Signing Officer or Director_____
Date