2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2005 8:00 am Secretary of State

Zip Country	1. Entity Nam	MENT # P0400001 DISTRIBUTION, INC.	8801		04-14-2005 90088 001 ***158.75	
Suite. Apt. #, etc. Suite. Apt. #, etc. City & State SARAIVA, REINALDO Sered Address IP O. Box Number is Not Acceptable. City FL Zip Code 8. The above named only subglast-eff filterope for the purpose of changing its originated agent, or both, in the State of Rovids. I am fumiliar with, and accepted the obligations of registered agent or both, in the State of Rovids. I am fumiliar with, and accepted the obligations of registered agent, or both, in the State of Rovids. I am fumiliar with, and accepted the obligations of registered agent, or both, in the State of Rovids. I am fumiliar with, and accepted the obligations of registered agent, or both, in the State of Rovids. I am fumiliar with, and accepted the obligations of registered agent, or both, in the State of Rovids. I am fumiliar with, and accepted April 1, 2005 Free will be \$550.00 After May 1, 2005 Free will be \$550.00 After May 1, 2005 Free will be \$550.00 After May 1, 2005 Free will be \$550.00 OFFICERS AND CITY CITY STATE Obdes SERVIN REINALD OBDES SIRE ARABES OFFICERS AND CITY CITY STATE Obdes TITL MAM, FL 33143 OFFICERS AND CITY CITY STATE Obdes TITL Obdes TITL Obdes TITL OBDES SIRE ARABES OFFICERS AND CITY CITY STATE OBDES SIRE ARABES OFFI CITY STATE OBDES SIRE ARABES OFFI CITY STATE OBDES SIRE ARABES OFFI CITY STATE OFFI	7850 CAMINO REAL SUITE 117 7850 CAMINO REAL SUITE 1			UITE 117		
City & State City & State Country Zp Zp Zp Zp Zp Zp Zp Z	2. Principal P	lace of Business	3. Mailing Address			
Zo Country Zo Country S. Cortificate of Status Desired See The Additional For Replace The Additional Process See The Additional Service Additions (P.O. Box Number is Net Acceptable) Name City FL Zip Code The Additional Process Signal Additions (P.O. Box Number is Net Acceptable) City FL Zip Code The Additional Process Signal Additions (P.O. Box Number is Net Acceptable) Signal Additions (P.O. Box Number is	Suite. Apt. #, etc.		Suite, Apt. #, etc.		02282005 Chg-P CR2E034 (10/03)	
Secretificate of Storus Desired Secretificate	City & State		City & State		4. FEI Number Applied For	
SARAIVA, REINALDO 7850 CAMINO REAL SUITE 117 MIAMI, FL 33143 City FL Zip Code 8. The above named only submitted agent for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and according to the displainer of registered agent, or both, in the State of Florids. I am familiar with, and according to the displainer of registered agent, or both, in the State of Florids. I am familiar with, and according to the displainer of registered agent, or both, in the State of Florids. I am familiar with, and according to the displainer of registered agent, or both, in the State of Florids. I am familiar with, and according to the displainer of registered agent, or both, in the State of Florids. I am familiar with, and according to the displainer of registered agent, or both, in the State of Florids. I am familiar with, and according to the displainer of registered agent, or both, in the State of Florids. I am familiar with, and according to the displainer of registered agent, or both, in the State of Florids. I am familiar with, and according to the displainer of registered agent, or both, in the State of Florids. I am familiar with, and according to the displainer of registered agent, or both, in the State of Florids. I am familiar with, and according to the familiar with according to the familiar with, and according to the familiar with according	Zip	Country	Zip .	Country	5 Cartificate of Status Desired \$8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named craity subgitis—198 Allograph for the purpose of changing its registered affect or organized agent, or both, in the State of Florida. I am familiar with, and acceptable of the organized agent and the organized agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the organized agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the organized agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the organized agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of Changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of Florida agent and acceptable of Change its analysis of Florida agent and acceptable of Change in the State of Florida agent and acceptable of Change in the State of Florida agent and acceptable of Change in the State of Florida agent and acceptable of Change in the State of Florida agent and acceptable of Change in the State of Florida agent and acceptable of Change in the State of Florida agent and acceptable of Change in the State of Florida agent and acceptable of Change in the State of Change in	-	- 6,-Name and Address of Currer	nt Registered Agent	No	,	
The above named entity subgills into supplies of 1991. SIGNATURE Supplies of 1991. SIGNATURE Supplies of 1991. SIGNATURE Supplies of 1991. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 In. OFFICERS AND DIRECTORS In 11. In. PS SARAIVA, REINALDO SIRE JORGES OITY-SI-7P MIAMI, FL 33143 In. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. In. May SIRE JORGES OITY-SI-7P In. MAM SIRE JORGES OITY-SI	7850 CAMINO REAL SUITE 117				ss (P.O. Box Number is Not Acceptable)	
8. The above named entity submitted flaggrand for the purpose of changing its registered algent, or both, in the State of Rorids. I am lamitar with, and according to display the display of the purpose of changing its registered algent, or both, in the State of Rorids. I am lamitar with, and according to display the display of the purpose of changing its registered algent, or both, in the State of Rorids. I am lamitar with, and according to the obligations of registered algent, or both, in the State of Rorids. I am lamitar with, and according to the obligations of registered algent, or both, in the State of Rorids. I am lamitar with, and according to the obligations of registered algent, or both, in the State of Rorids. I am lamitar with, and according to the obligations of registered algent, or both, in the State of Rorids. I am lamitar with, and according to the obligations of registered algent, or both, in the State of Rorids. I am lamitar with, and according to the obligations of registered algent, or both, in the State of Rorids. I am lamitar with, and according to the State of Rorids. I am lamitar with, and according to the state of Rorids. I am lamitar with, and according to the State of Rorids. I am lamitar with, and according the state of Rorids. I am lamitar with, and according to the State of Rorids. I am lamitar with, and according the Rorids of Rorids and the Rorids of Rorids and the Rorids of Rorids and R				City	Zip Code	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. PS SARAIVA, REINALDO 11. TITLE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. NAME STREET ADDRESS CITY-S1-2P TITLE MAME 1. ADDRESS CITY-S1-2P TITLE MAM	the obligat	ions of registered agent	for the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Rorida. I am familiar with, and acce	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITILE PS	JIGHT CHE.	Signatore, by ediction in mitted frame of registered age	ent and talle if applicable. (NO	TE: Registered Agent signature requ	pliked whom restutating) DATE	
TITLE PS SARAIVA, REINALDO SARAIVA, REINALDO STREET ADDRESS CITY-ST-2P MIAMI, FL 33143 Change Addition of the company of the same of the sa						
SARAIVA, REINALDO 7850 CAMINO REAL SUITE 117 MIAMI, FL 33143 CITY-ST-2IP MINE MINE MINE MINE MINE MINE MINE MINE		······		1	· · · · · · · · · · · · · · · · · · ·	
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delate NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITL	NAME STREET ADDRESS	SARAIVA, REINALDO 7850 CAMINO REAL SUITE 11		NAME STREET ADDRESS	C triolige C Assi	
NAME STREET ADDRESS CITY-ST-7IP TITLE INAME STREET ADDRESS CITY-ST-7IP INLE INAME STREET ADDRESS CITY-ST-7IP INLE INLE INLE INLE INLE INLE INLE INLE	NAME STREET ADDRESS	·	☐ Delete	nasal Street address	☐ Change ☐ Addil	
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Change Add Add NAME STREET ADDRESS CITY-ST-ZIP TO Change STREET ADDRESS CITY-ST-ZIP TO	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	Change Addil	
NAME STREET ADDRESS CITY-ST-ZIP TITLE INDEE SHEET ADDRESS CITY-ST-ZIP TITLE NAME SHEET ADDRESS CITY-ST-ZIP 12. I heraby 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 it made under oath; that I am an officer or direct of the corporation or the receiver or trostal ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an altachment with an address, with all other like empowered.	NAME STREET ADDRESS		□ Delete	name Street address	☐ Change ☐ Addi	
NAME SIREET ADDRESS CITY-ST-ZIP 12. I heraby 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 informatio indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direct of the corporation or the receiver or trusted amovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all entire like empowered.	name Street aduress		☐ Delete	name Street address	☐ Change ☐ Addi	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direct of the corporation or the receiver or trusted amounted to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all of the repowered.	name Strieet address		☐ Delate	NAME STREET ADDRESS	☐ Change ☐ Addi	
	indicated of the co changed	I on this report or supplemental report reporation or the receiver or trusted en or on an attachment with an address	t is true and accurate and that powered to execute this repo	t my signature shall have that rt as required by Chapter	the same legal effect as it made under oath; that I am an officer or direct	