


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90066 001 ***158.75

DOCUMENT # P04000018801	
1. Entity Name LETICIA DISTRIBUTION, INC.	

Principal Place of Business 7850 CAMINO REAL SUITE 117 MIAMI, FL 33143	Mailing Address 7850 CAMINO REAL SUITE 117 MIAMI, FL 33143
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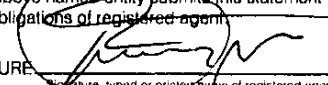
2. Principal Place of Business - No P.O. Box # 7740 CAMINO REAL	3. Mailing Address 7740 CAMINO REAL
Suite, Apt. #, etc. G - 310	Suite, Apt. #, etc. G - 310
City & State MIAMI FL	City & State MIAMI FL
Zip 33143	Country U.S.A.

	
04172007 Chg-P	CR2E034 (12/06)
4. FEI Number 20-0672213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SARAIVA, REINALDO 7850 CAMINO REAL SUITE 117 MIAMI, FL 33143	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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.

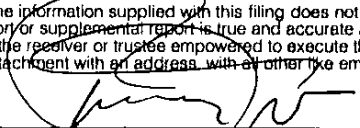
SIGNATURE  DATE **4-24-2007**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS SARAIVA, REINALDO 7850 CAMINO REAL SUITE 117 MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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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"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with an officer or trustee empowered.

SIGNATURE:  DATE **4-24-2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR