2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006
Secretary of State

DOCUMENT# P04000053186

Entity Name: LTM DISTRIBUTOR, INC.

Current Principal Place of Business:

9655 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156

New Principal Place of Business:

13650 NW STREET
SUITE # 107
PEMBROKE PINES, FL 33028

Current Mailing Address:

9655 SOUTH DIXIE HIGHWAY
MIAMI, FL 33156

New Mailing Address:

13650 NW STREET
SUITE # 107
PEMBROKE PINES, FL 33028

FEI Number: 20-0932278 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DE LEON, AMALIA
13650 NW 4TH ST., #107
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

DE LEON, AMALIA
13650 NW 4TH ST
SUITE #107
PEMBROKE PINES, FL 33028 US

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: AMALIA DE LEON 04/11/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DE LEON, AMALIA
Address: 13650 NW 4TH ST., #107
City-St-Zip: PEMBROKE PINES, FL 33028

Title: VD ( ) Delete
Name: JORDAN, EDUARDO
Address: 13650 NW 4TH ST., #107
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: AMALIA DE LEON PD 04/11/2006
Electronic Signature of Signing Officer or Director Date