2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007
Secretary of State

DOCUMENT# P04000053186

Entity Name: LTM DISTRIBUTOR, INC.

Current Principal Place of Business:

13650 NW STREET
SUITE # 107
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

13650 NW STREET
SUITE # 107
PEMBROKE PINES, FL 33028

New Mailing Address:

22800 SW 154 AVE
MIAMI, FL 33170

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
SUITE #107
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

DE LEON, AMALIA
22800 SW 154 AVE
MIAMI, FL 33170 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 05/21/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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: PD (X) Change ( ) Addition
Name: DE LEON, AMALIA
Address: 22800 SW 154 AVE 154
City-St-Zip: MIAMI, FL 33170

Title: VD (X) Change ( ) Addition
Name: SAFIE, MONICA
Address: MIAMI
City-St-Zip: MIAMI, FL 33170

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: AMALIA DE LEON PD 05/21/2007
Electronic Signature of Signing Officer or Director Date