

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053186

Entity Name: LTM DISTRIBUTOR, INC.

FILED  
Feb 11, 2008  
Secretary of State

## Current Principal Place of Business:

13650 NW STREET  
SUITE # 107  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

11771 W ATLANTIC BLVD  
SUITE # 03  
CORAL SPRINGS, FL 33071

## Current Mailing Address:

22800 SW 154 AVE  
MIAMI, FL 33170

## New Mailing Address:

11771 W ATLANTIC BLVD  
SUITE # 03  
CORAL SPRINGS, FL 33071

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  
22800 SW 154 AVE  
MIAMI, FL 33170 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DE LEON, AMALIA  
Address: 22800 SW 154 AVE 154  
City-St-Zip: MIAMI, FL 33170

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

## 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 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

02/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date