

**FILED**  
**Jun 08, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90066 037 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000061304</b>			
1. Entity Name <b>D'PAULETE DISTRIBUTORS, INC.</b>			
Principal Place of Business <b>2945 SW 25 STREET MIAMI, FL 33133</b>		Mailing Address <b>2945 SW 25 STREET MIAMI, FL 33133</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>7105 SW 8 STREET</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>306</b>	
City & State		City & State <b>MIAMI, FLORIDA</b>	
Zip	Country	Zip	Country
<b>33144</b>		<b>33144</b>	<b>DADE</b>
4. FEI Number <b>71-0966253</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PAULETE, DAMIAN A 2945 SW 25 STREET MIAMI, FL 33133</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAULETE, DAMIAN A 2945 SW 25 STREET MIAMI, FL 33133 <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	DS VELAZCO, GABRIELA K 2945 SW 25 STREET MIAMI, FL 33133 <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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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 all other like empowered.			
SIGNATURE: <b>DOUGLON PAULETE</b>		Date <b>04.27.07</b> (305)2263443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	