FILED Jun 08, 2007 8:00 am Secretary of State 05-14-2007 90066 037 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Size Address of Status Desired \$8.75 Additional Fee Required \$9.75 Additional Fee Required	DOCUMENT # P04000613 1. Entity Name D'PAULETE DISTRIBUITORS, INC.	304		
MAMI, FL 33133 MIAMI, FL 33133 All Mailing Address FLOS SW 6 STYCCT Suite, Apt. R. etc. City 6 State City 6 State City 6 State City 6 State Country To Mame and Address of Current Registatered Agent To Mame Screen Address of New Registatered Agent To cobgard to present the Provide I have Registatered Agent Name Screen Address (P.O. Box Number is Nex Acceptable) To cobgard to present the Provide I have been address of New Registatered Agent To cobgard to present the Provide I have been address of New Registatered Agent To cobgard to present the Provide I have been address of New Registatered Agent To cobgard to present the Provide I have been address of New Registatered Agent To cobgard to present the Provide I have been address of New Registatered Agent To cobgard to present the Provide I have been address of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgard to present agent of New Registatered Agent To cobgar	Principal Place of Business	*		:0019A7G
2. Principal Pace of Business - No P.O. Box * 3. Mailing Address #1.05 SW 8 STCCT Suite, Apt. #, etc. Applied For T-1-0986253 String For T-1-098635 String F				
Skills Apt. #. etc. Skills Ap				THE REPORT OF THE PARTY OF THE
City & State Country Registered Agent FL Country S. Certificate of Status Desired \$8.75 Additional \$8.75 Additional \$8.75 Additional Fee Required Name PAULETE: DAMIAN A 2945 SW 26 STREET MIAMI, FL 33133 City City FL Zio Code 8. The abyte parend effort y-brins; this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tan tamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tan tamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tan tamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tan tamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tan tamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tan tamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tan tamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tan tamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tan tamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Forida. Tan tamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Forida. SIGNATURE SIGNATURE SIGNATURE PAULETE DAMIAN DEFICENTIAL PAULETE DEFICENTIAL PAULETE DEFICENTIAL PAULETE	2. Principal Place of Business - No P.O. Box #	7105 5N	18 STREET	
To Country To Name and Address of New Registered Agend To Name and Address of New Registered Agend Name Streat Address (P.O. Box Number is Net Acceptable) City FL Zip Code 8. The above samed elery submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamillar with, and acceptable of the State of Florida. I am lamillar with, and acceptable of the State of Florida. I am lamillar with, and acceptable of the State of Florida. I am lamillar with, and acceptable of the State of Florida. I am lamillar with, and acceptable of the State of Florida. I am lamillar with, and acceptable of Florida agent, or both, in the State of Florida. I am lamillar with, and acceptable of Florida agent, or both, in the State of Florida. I am lamillar with, and acceptable of Florida agent, or both, in the State of Florida. I am lamillar with, and acceptable of Florida agent, or both, in the State of Florida agent, or both, in the State of Florida. SIGNATURE S				04302007 Chg-P CR2E034 (12/06)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above pends of the process of changing its registered office or registered agent, or both, in the State of Florida. I am Jamiliar with, and acceptable of the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Jamiliar with, and acceptable of the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Jamiliar with, and acceptable of the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Jamiliar with, and acceptable of the obligation of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Jamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Jamiliar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Jamiliar with, and acceptable of the Prices is a state of Florida. I am Jamiliar with, and acceptable of the Prices of Florida. I am Jamiliar with, and acceptable of the Florida of Fl	City & State		FLOribo	
PAULETE, DAMIAN A 2945 SW 25 STREET MIAMI, FL 33133 City FL Zip Code 8. The above lambs with submiss this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonds. I am lamitles with, and acceptable of the objections of septembers, agent. SIGNATURE System File II S. \$150.00 After May 7, 2007 Fee will here of special pages of changing its registered office or registered agent, or both, in the State of Fonds. I am lamitles with, and acceptable of the objections of septembers, agent. SIGNATURE System File II S. \$150.00 After May 7, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP AULETE, DAMIAN A STREEL MORESS CITY 5-12P MIAMI, FL 33133 CITY 5-12P MIAMI, FL 33133 Dede: Dede: MIAMI, FL 33133 Dede: MIAMI, FL 33133 Dede: De	Zip Country			
PAULETE, DAMIAN A 2945 SW 25 STREET MIAMI, FL 33133 City City FL Zip Code 8. The above hander elies submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ponds. I am liamities with, and accept the obligation automatisk agent. SIGNATURE SIGNATURE FILE NOWTH PEE IS \$150.00 After May, 7, 2007 Fee will be \$550.00 Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DP AULETE, DAMIAN A SIREI ADDRESS TILE TO DESCRIPTIONS SIREI ADDRESS TOTY-51-2P MIAMI, FL 33133 CITY-51-2P MIAMI, FL 33133 CITY-51-2P MIAMI, FL 33133 CITY-51-2P TILE Delde MAKE SIREI ADDRESS CITY-51-2P TILE Delde MILE DELDE Delde MILE DELDE Delde MILE DELDE	5. Name and Address of Current R		Name	7. Name and Address of New Registered Agent
8. The study of party of each state and the statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. I am familiar with, and acceptions of Legisterias agent. SIGNATURE Superior prediction of registered agent and too if applicable. FILE NOWITH FEE IS \$150.00 After May 7, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP Additional	2945 SW 25 STREET			(P.O. Box Number is Not Acceptable)
THE DP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE DP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE DP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE DP OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE DS OFFICERS AND DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. THE DS OFFICERS AND DIRECTORS IN 11. THE NAME STREET ADDRESS CITY-S1-2P THE NAME STREET ADDRESS CITY-S1-2P THE NAME STREET ADDRESS CITY-S1-2P THE NAME STREET ADDRESS CITY-S1-2P THE NAME STREET ADDRESS CITY-S1-2P THE DEIDE DEIDE DEIDE THE NAME STREET ADDRESS CITY-S1-2P THE NAME STREET ADDRESS CITY-S1-2P THE DEIDE DEIDE DEIDE THE DEIDE DEIDE DEIDE DEIDE THE DEIDE DEIDE DEIDE DEIDE DEIDE	1 ath		City	FI Zip Code
SIGNATURE Signature by the control ham of input and side if applicable. (HOTE Represent Agent signature incurred when remaining) FILE NOWITH PEE IS \$150.00 After May 7, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE DP		the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am Jamiliar with, and accept
FILE NOWITH FREE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP				
### FILE NOWITH PEE IS \$150.00 After May 7, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE DP	SIGNATURE Signature, ypector prysted harne of registered agent an	nd tote if applicable (MOT	E Registered Agent signature require	d when revestating) DATE
TITLE NAME STREET ADDRESS CITY-ST-2P MIAMI, FL 33133 Delete TITLE NAME STREET ADDRESS CITY-ST-2P TITLE DS VELAZCO, GABRIELA K 2945 SW 25 STREET STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS	FILE NOWILL FEE IS \$150.00			
NAME PAULETE, DAMIAN A STREET ADDRESS CITY-S1-2IP MIAMI, FL 33133 TITLE DS IDetet IIILE NAME STREET ADDRESS CITY-S1-2IP MIAMI, FL 33133 Detet IIILE NAME STREET ADDRESS CITY-S1-2IP IIILE NAME STREET ADDRESS STREET ADDRESS CITY-S1-2IP IIILE NAME STREET ADDRESS		DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS CITY-ST-ZIP TITLE DS DS Delete NAME VELAZCO, GABRIELA K STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	max 5.	🗋 Deløta		Change Addition
TITLE DS DS Delete Dele	STREET ADDRESS 2945 SW 25 STREET			
STREET ADDRESS CITY-ST-ZIP HIRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete		Change Addition
CITY-ST-ZIP HIRE HAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS	I - I			
NAME STREET ADDRESS CITY-\$1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE Delete TITLE STREET ADDRESS CITY-\$1-ZIP TITLE STREET ADDRESS	1			
STREET ADDRESS CITY-\$1-ZIP TITLE Delete TUTLE MAME STREET ADDRESS CITY-\$1-ZIP TITLE Delete TUTLE MAME STREET ADDRESS CITY-\$1-ZIP TITLE Delete TUTLE MAME STREET ADDRESS CITY-\$1-ZIP TITLE Delete TITLE MAME STREET ADDRESS	1	☐ Delets	1 .	Change Addition
TITLE	STREET ADDRESS			
STREET ADDRESS CITY-SI-ZIP TITLE Delete TITLE HAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS		☐ Delete	- 	Change Addition
CFTY-ST-ZIP	1		1	
MAJNE STREET ADDRESS SIREET ADDRESS				
STREET ADDRESS STREET ADDRESS	1 1	☐ Delete		☐ Change ☐ Addition
1 Prity et - NO 1	STREET ADDRESS		STREET ADDRESS	
	FUIY-SI-ZP	Cholete	- 	☐ Change ☐ Addition
NAME	NAME		HAME.	
'STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,			
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal affect as it made under oath; that I am an officer or director of the corporation of 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 in charged, or on an amportune 11 that I and a supplied that an address, with all other like empowered.				
SIGNATURE: 4001191N POULETE 04.27.07 (305)2263443				