

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2006 8:00 am
Secretary of State

05-24-2006 90009 037 ***550.00

DOCUMENT # P04000066948 1. Entity Name AMERICAN DISTRIBUTORS, INC			
Principal Place of Business 7225 NW 25TH ST SUITE 300 MIAMI, FL 33122 US		Mailing Address 7225 NW 25TH ST SUITE 300 MIAMI, FL 33122 US	
2. Principal Place of Business <i>4005 NW 114 Ave</i>		3. Mailing Address <i>4005 NW 114 Ave</i>	
Suite, Apt. #, etc. <i>Unit # 15</i>		Suite, Apt. #, etc. <i>Unit # 15</i>	
City & State <i>Doral FL</i>		City & State <i>Doral FL</i>	
Zip <i>33178</i>		Zip <i>33178</i>	
Country <i>Dade</i>		Country <i>Dade</i>	
4. FEI Number 20-1035271		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, LUISA F 7570 NW 14STREET SUITE 112 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	P LOPEZ, LUISA F 7225 NW 25TH ST-SUITE 300 MIAMI, FL 33122	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, JHON 7225 NW 25TH ST-SUITE 300 MIAMI, FL 33122	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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: <i>Luisa Lopez</i> 5/19/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date		Daytime Phone # <i>305-541-3074</i>	