


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90055 014 ***150.00

DOCUMENT # P04000066948	
1. Entity Name AMERICAN DISTRIBUTORS, INC	

Principal Place of Business 4005 NW 114TH AVE UNIT 15 DORAL, FL 33178 US	Mailing Address 4005 NW 114TH AVE UNIT 15 DORAL, FL 33178 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40023713

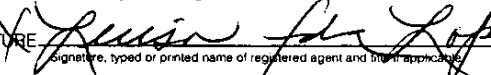


02132007 Chg-P CR2E034 (12/06)

4. FEI Number 50-0022038	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 Lopez, Luisa F Street Address (P.O. Box Number is Not Acceptable) 4005 NW 114th Ave Unit 15 City Doral, FL Zip Code 33178	
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete LOPEZ, LUISA F 7225 NW 25TH ST-SUITE 300 MIAMI, FL 33122	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lopez, Luisa F 4005 NW 114th Ave. Unit 15 Doral, FL 33178
TITLE VP	<input type="checkbox"/> Delete GARCIA, JHON 7225 NW 25TH ST-SUITE 300 MIAMI, FL 33122	TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Garcia Jhon 4005 NW 114th Ave. Unit 15 Doral, FL 33178
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **2/26/07** **305-591-3070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #