## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000100212

Entity Name: MURIAS DISTRIBUTORS CORP.

FILED May 02, 2007 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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2708 WEST 84 ST. 7635 W 28 AVE HIALEAH, FL 33016 HIALEAH, FL 33016

Current Mailing Address: New Mailing Address:

2708 WEST 84 ST. 7635 W 28 AVE HIALEAH, FL 33016 HIALEAH, FL 33016

FEI Number: 55-0874525 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 MURIAS JR., ALBERTO
 MURIAS JR., ALBERTO

 2640 W 79 ST SUITE B
 7635 W 28 AVE

 HIALEAH, FL 33016 US
 HIALEAH, FL 33016 US

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: 05/02/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition Name: MURIAS, ALBERTO JR Name: MURIAS, ALBERTO JR

 Address:
 16392 STONEHAVEN RD
 Address:
 7635 W 28 AVE

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 HIALAEH, FL 33016

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 MARTIN, KATYRIA
 Name:
 MARTIN, KATYRIA

 Address:
 16392 STONEHAVEN RD
 Address:
 7635 W 28 AVE

 City-St-Zip:
 MIAMI LAKES, FL 33014
 City-St-Zip:
 HIALEAH, FL 33016

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: KATYRIA MARTIN PD 05/02/2007