

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000102561

Entity Name: HM DISTRIBUTORS INC

FILED  
Sep 07, 2005  
Secretary of State

## Current Principal Place of Business:

8240 SW 149 COURT  
APT 202  
MIAMI, FL 33193 US

## New Principal Place of Business:

8928 SW 223 TERRACE  
MIAMI, FL 33189 US

## Current Mailing Address:

8240 SW 149 COURT  
APT 202  
MIAMI, FL 33193 US

## New Mailing Address:

8928 SW 223 TERRACE  
MIAMI, FL 33189 US

FEI Number: 20-1344275

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CARISMA, RUDY  
8240 SW 149 COURT  
202  
MIAMI, FL FL US

## Name and Address of New Registered Agent:

CARISMA, RUDY  
8928 SW 223 TERRACE  
MIAMI, FL FL 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:

09/07/2005

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:

Title: PRES ( ) Delete  
Name: CARISMA, RUDY  
Address: 8240 SW 149 COURT APT 202  
City-St-Zip: MIAMI, FL 33193 US

Title: VP ( ) Delete  
Name: CARISMA, RONALD  
Address: 8240 SW 149 COURT APT 202  
City-St-Zip: MIAMI, FL 33193 US

Title: VP ( ) Delete  
Name: ALTINE, GIO  
Address: 8240 SW 149 COURT APT 202  
City-St-Zip: MIAMI, FL 33193 US

Title: TRES (X) Delete  
Name: CARISMA, RUDY  
Address: 8240 SW 149 COURT APT 202  
City-St-Zip: MIAMI, FL 33193

Title: SEC (X) Delete  
Name: CARISMA, RUDY  
Address: 8240 SW 149 COURT APT 202  
City-St-Zip: MIAMI, FL 33193 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RUDY CARISMA

PRES

09/07/2005

Electronic Signature of Signing Officer or Director

Date