2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154143

Title:

Name:

Address:

City-St-Zip:

Entity Name: CAJ UNITED DISTRIBUTORS INC

FILED Mar 31, 2005 Secretary of State

		EB BIOTRIBOTORO INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
P.O. BOX 4 WINTER P	4672 PARK, FL 3279	3				
Current Mailing Address:			New Mailing Address:			
P.O. BOX 4 WINTER P	4672 PARK, FL 3279	3				
FEI Number:	20-1918230	FEI Number Applied For()	FEI Number Not Appl	icable () C	ertificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
	OR, ALEXIS J CROFT CIRCL FL 32765 U:	E				
The above in the State	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered offic	ce or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Ager			ent	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P () VALENTIN, CAR 5525 N.W. LIGO PORT ST. LUCI	ON CIRCLE	Title: Name: Address: City-St-Zip:	() Cł	nange ()Addition	
Title: Name: Address: City-St-Zip:	VP () SOTOMAYOR, A 3456 FOXCROP OVIEDO, FL 32	T CIRCLE	Title: Name: Address: City-St-Zip:	() Cr	nange ()Addition	
Title: Name: Address: City-St-Zip:	SANTOS, JAIME	RIO VISTA APARTMENT J285	Title: Name: Address: City-St-Zip:	MENDEZ, ALFRE	. K2, 2NDO PISO, OASIS GARDEN	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ALEXIS J SOTOMAYOR MR 03/31/2005

(X) Delete

CALLE MARGINAL K2, 2NDO PISO, OASIS GARDEN

MENDEZ, ALFREDO MR.

GUAYNABO, PR 00969

() Change () Addition