## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000008691

Address:

City-St-Zip:

832 NE 124TH STREET

MIAMI, FL 33161

FILED May 01, 2006 Secretary of State

Entity Nam	ne: PARTN	NERS DISTRIBUTION CENTER, I	NC.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
12140 NE 8TH AVE #B MIAMI, FL 33161			APT. # 116	14697 NE 18TH AVENUE APT. # 116 NORTH MIAMI, FL 33181	
Current Ma	ailing Add	ress:	New Mailing Address:	New Mailing Address:	
13798 NE 1 MIAMI, FL			686 NW 112TH STREE <sup>T</sup> MIAMI, FL 33168	Г	
FEI Number:	20-2199430	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address o	f Current Registered Agent:	Name and Address of I	Name and Address of New Registered Agent:	
JEAN, WILI 12140 NE 8 MIAMI, FL	BTH AVE #E	3 IS	APT. # 116	14697 NE 18TH AVENUE	
The above in the State		ty submits this statement for the p	urpose of changing its registered of	office or registered agent, or both,	
SIGNATUR	E: WILBE	RT JEAN		05/01/2006	
	Elect	ronic Signature of Registered Age	nt	Date	
		.193(2)(b), F.S., the corporation did not cing Trust Fund Contribution (  ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D LAZARD, RA 10715 NW 2 MIAMI, FL 3	ND COURT	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D JEAN, FANF 13798 NE 1 MIAMI, FL 3	1TH AVE	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name:	D LINDOR. JU	(X) Delete	Title: ( Name:	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: WILBERT JEAN P 05/01/2006