2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000008691

Address:

City-St-Zip:

Entity Name: PARTNERS DISTRIBUTION CENTER, INC

FILED Apr 28, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:			
	18TH AVENU	JE				
APT. # 116 NORTH M	IAMI, FL 3318	81				
Current Mailing Address:			New Maili	New Mailing Address:		
686 NW 1 [.] MIAMI, FL	12TH STREE [*] 33168	Т				
FEI Number	: 20-2199430	FEI Number Applied For ()	FEI Number Not App	plicable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:		
APT. # 116	18TH AVENU					
	named entity of Florida.	submits this statement for the	purpose of changing i	its registered office or registered agent, or both,		
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent	Date		
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D (LAZARD, RAG 10715 NW 2N MIAMI, FL 33	D COURT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D (JEAN, FANFAI 13798 NE 11T MIAMI, FL 33	H AVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PIERRRE MARY, MATIN SECRET 1525 N E 135 ST#2 MIAMI, FL 33161		
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition MARIE CLAUDETTE, ETIENNE TRESOR 305 N W 100 ST MIAMI, FL 33150		
Title: Name:	() Delete	Title: Name:	D () Change (X) Addition DIEUSEUL, EXAZIER CONSEIL		

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.

Address:

City-St-Zip:

13100 N E 7 AVE #108

N. MAIMI, FL 33161

SIGNATURE: WILBERT N JEAN P 04/28/2007