

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90038 016 ***150.00

40034000



05242006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000037467					
1. Entity Name TILAPIA DISTRIBUTORS INC.					
Principal Place of Business 600 PARKVIEW DR. #322 HALLANDALE, FL 33009			Mailing Address 600 PARKVIEW DR. #322 HALLANDALE, FL 33009		
2. Principal Place of Business 411 S. HOLLYBROOK DR.			3. Mailing Address 411 S. HOLLYBROOK DR.		
Suite, Apt. #, etc. 203			Suite, Apt. #, etc. 203		
City & State Pembroke Pines, FL			City & State Pembroke Pines FL		
Zip 33025		Country U.S.A.		Zip 33025	
				Country U.S.A.	
4. FEI Number			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALVES-MILHO, ALVARO J 600 PARKVIEW DR. #322 HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name <u>Alves-Milho, Alvaro J.</u> Street Address (P.O. Box Number is Not Acceptable) <u>411 S. HOLLYBROOK DR. Suite 203</u> City <u>Pembroke Pines</u> FL Zip Code <u>33025</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>MARIO FERNANDEZ CEO</u> <u>[Signature]</u> <u>5/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FERNANDEZ, MARIO 600 PARKVIEW DR. #322 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARIO FERNANDEZ 411 S. HOLLYBROOK DR. 203 Pembroke Pines FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVES-MILHO, ALVARO 600 PARKVIEW DR. #322 HALLANDALE, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVES-MILHO, ALVARO 411 S. HOLLYBROOK DR. 203 Pembroke Pines, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>MARIO FERNANDEZ CEO</u> <u>5/24/06</u> <u>786/337-5939</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					