2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# P05000089094

Entity Name: NEW DISTRIBUTOR, CORP.

Current Principal Place of Business:

7518 NW 17TH DR.
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

7518 NW 17TH DR.
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 20-3034824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DI LENA, ROBERTO N
3981 ADRA AVENUE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete
Name: MANZO, HORACIO A
Address: 7518 NW 17TH DR.
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: FERRUCCI, LEONARDO
Address: GUISE 1995 2DO H
City-St-Zip: CAPITAL FEDERAL, BA 1426 AR

Title: D ( ) Delete
Name: MANZO, DANIEL
Address: CORONEL ROSETTI 1790 PA
City-St-Zip: VICENTE LOPEZ, BA 1602 AR

Title: D ( ) Delete
Name: STRASSER, FERNANDO
Address: ROSALES 2620 P. 14 DPT. 5 TORRE OLMO
City-St-Zip: OLIVOS, BA 1636 AR

Title: D ( ) Delete
Name: CAVALIERI, CRISTIAN
Address: CASTRO BARROS 1867
City-St-Zip: MARTINEZ, BA 1640 AR

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 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.

SIGNATURE: HORACIO A MANZO P,D 04/17/2006

Electronic Signature of Signing Officer or Director — Date