

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000089094

Entity Name: NEW DISTRIBUTOR, CORP.

FILED  
Aug 15, 2006  
Secretary of State

## Current Principal Place of Business:

7518 NW 17TH DR.  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

8258 NW 70 ST  
MIAMI, FL 33166

## Current Mailing Address:

7518 NW 17TH DR.  
PEMBROKE PINES, FL 33024

## New Mailing Address:

8258 NW 70 ST  
MIAMI, FL 33166

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

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LEONARDO FERRUCCI

P, D

08/15/2006

Electronic Signature of Signing Officer or Director

Date