

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 30, 2007  
Secretary of State**

DOCUMENT# P05000090856

Entity Name: C AND D DISTRIBUTIONS INC.

**Current Principal Place of Business:**

14731 SW 103 PLACE  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

14731 SW 103 PLACE  
MIAMI, FL 33176

**New Mailing Address:**

FEI Number: 04-3819935      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DWAYNE OWENS  
5411 NW 74TH AVENUE  
MIAMI, FL 33166 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: DWAYNE OWENS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ALLEN, CORRENCE  
Address: 14731 SW 103 PLACE  
City-St-Zip: MIAMI, FL 33176

Title: VD ( ) Delete  
Name: OWENS, DWAYNE  
Address: 14731 SW 103 PLACE  
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete  
Name: ALLEN, KENDERA  
Address: 14731 SW 103 PLACE  
City-St-Zip: MIAMI, FL 33176

**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:

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.

SIGNATURE: DWAYNE OWENS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/30/2007

\_\_\_\_\_  
Date