2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000104517

1. Entity Name

JOSÉ F. CASTILLO DISTRIBUTORS, INC.



Principal Place of Business Mailing Address

120 W. 56TH ST. HIALEAH, FL 33012 120 W. 56TH ST. HIALEAH, FL 33012 FILED Jan 31, 2008 08:00 AN Secretary of State



DO NOT WRITE IN THIS SPACE

01272008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3213833 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VIDAL, ANA MARIA 621 E. 48TH ST. HIALEAH, FL. 33013

DO NOT WRITE IN THIS SPACE

11.0.2.2.4,7.2.00010			IN THIS SPACE		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aigniture required when reinstating) DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	·
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D CASTILLO, JOSE F. 120 W. 56TH ST. HIALEAH, FL 33012				U00000865884 02/05/08-80018-022 150.60
NAME STREET ADDRESS CITY-ST-ZIP				٠	
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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					

14. I nereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-29-08

305-331-950-9

Daytime Phone #