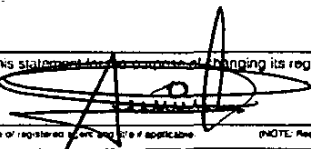
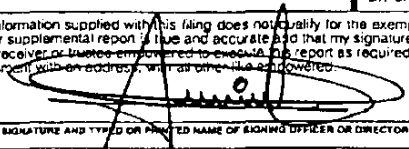


FILED
Sep 12, 2006 8:00 am
Secretary of State

07-21-2006 90023 033 ***558.75

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000125228			
1. Entity Name ARPOMI DISTRIBUTOR INC.			
Principal Place of Business 1921 LYONS RD, APT 201 COCONUT CREEK, FL 33063		Mailing Address 1921 LYONS RD, APT 201 COCONUT CREEK, FL 33063	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 17-1731402	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent POVEDA, ARGENIS 1921 LYONS RD, APT 201 COCONUT CREEK, FL 33063		7. Name and Address of New Registered Agent Name: POVEDA, ARGENIS Street Address (P.O. Box Number is Not Acceptable): 6400 W. ATLANTIC BLVD. APT # 31 City: MORGATE FL Zip Code: 33063	
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: 		DATE: 8/30/06	
FILE NOW!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVT POVEDA, ARGENIS 1921 LYONS RD, APT 201 COCONUT CREEK, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Please Change to My New Address 6400 W. Atlantic Blvd. APT 31 Morgate FL 33063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SALCE, ARELIS 1921 LYONS RD, APT 201 COCONUT CREEK, FL 33063 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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 titles and powers.			
SIGNATURE: 		DATE: 7/18/06	