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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	Mailing Address
1921 LYONS RD, APT 201 COCONOT CREEK, FL 33063	1921 LYONS RD, APT 201 COCONOT CREEK, FL 33063

07112006 Chg-P CR2E034 (11/05)

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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. 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 MARGATE 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 Margate 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 like empowered.

SIGNATURE: _____ 7/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #