

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125228

Entity Name: ARPOMI DISTRIBUTOR INC.

FILED
May 17, 2007
Secretary of State

Current Principal Place of Business:

1921 LYONS RD, APT 201
COCONOT CREEK, FL 33063

New Principal Place of Business:

6400 WEST ATLANTIC BLVD.
APT # 31
MARGATE, FL 33063

Current Mailing Address:

1921 LYONS RD, APT 201
COCONOT CREEK, FL 33063

New Mailing Address:

6400 WEST ATLANTIC BLVD.
APT # 31
MARGATE, FL 33063

FEI Number: 17-1731402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POVEDA, ARGENIS
6400 W. ATLANTIC BLVD.
APT #31
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

POVEDA, ARGENIS
6400 W. EST ATLANTIC BLVD.
APT #31
MARGATE, FL 33063 US

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:

05/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: POVEDA, ARGENIS
Address: 6400 W. ATLANTIC BLVD. APT 31
City-St-Zip: MARGATE, FL 33063

Title: S () Delete
Name: SALCE, ARELIS
Address: 1921 LYONS RD, APT 201
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: POVEDA, ARGENIS
Address: 6400 W. EST ATLANTIC BLVD. APT 31
City-St-Zip: MARGATE, FL 33063

Title: S (X) Change () Addition
Name: SALCE, ARELIS
Address: 6400 W. EST ATLANTIC BLVD. APT 31
City-St-Zip: MARGATE, FL 33063

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: ARGENIS POVEDA

PTV

05/17/2007

Electronic Signature of Signing Officer or Director

Date