2008 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2008 8:00 am Secretary of State 05-01-2008 90185 011 ***150.00 DOCUMENT # P05000152194 PLANET DISTRIBUTORS CORP. Principal Place of Business Mailing Address **671 W. 18TH STREET** 671 W. 18TH STREET HIALEAH, FL 33010 HIALEAH, FL 33010 No Chg-P CR2E034 (11/05) 04162008 Applied For 68-0624304 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHAYA, OMAR DO NOT WRITE 11405 NW 62ND TERRACE **APT 235** IN THIS SPACE **DORAL, FL 33178** 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSD TITLE NAME CHAYA OMAR 11405 NW 62ND TERRACE, APT 235 STREET ADDRESS **DORAL, FL 33178** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED