

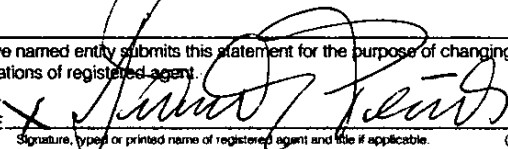
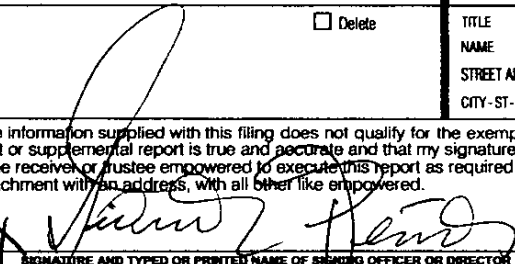


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P06000055607</b> 1. Entity Name <b>S &amp; D DISTRIBUTORS, CORP</b>						<b>FILED</b>  07 MAY 16 PM 12:44  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>231 MENDOZA AVE., SUITE 8 CORAL GABLES, FL 33134</b>				Mailing Address <b>231 MENDOZA AVE., SUITE 8 CORAL GABLES, FL 33134</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 526563</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>56-2592228</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>33152</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		05152007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>PINA, DIANA M 231 MENDOZA AVE., SUITE 8 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>DIANA PENA</b> Street Address (P.O. Box Number is Not Acceptable) <b>231 MENDOZA AVE. SUITE 8</b> City <b>CORAL GABLES</b> FL Zip Code <b>33134</b>			
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:  (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENA, DIANA M 231 MENDOZA AVE., SUITE 8 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>200103197942</b> 05/24/07--01028--007 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARTAZA, JORGE S 231 MENDOZA AVE., SUITE 8 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  DATE _____ Daytime Phone # _____							