
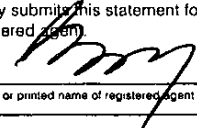
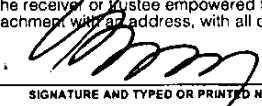


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90189 038 ***150.00

DOCUMENT # P06000073533 1. Entity Name LOLA'S DISTRIBUTION, INC.					
Principal Place of Business 2300 SW 15TH STREET MIAMI, FL 33145			Mailing Address 2300 SW 15TH STREET MIAMI, FL 33145		
2. Principal Place of Business - No P.O. Box # 7501 S.W. 136 AVE		3. Mailing Address 7501 S.W. 136 AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami		City & State Miami		4. FEI Number 11-3781249	
Zip 33183		Country MIAMI - OADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ, MARIA D 2300 SW 15TH STREET MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: ANGEL T. BRAVO Street Address (P.O. Box Number is Not Acceptable): 7501 S.W. 136 AVE City: Miami FL Zip Code: 33183		
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: 1/8/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P CRUZ, MARIA D 2300 SW 15TH STREET MIAMI, FL 33145	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT ANGEL T. BRAVO 7501 S.W. 136 AVE MIAMI FL 33183
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<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: 1/8/07 X (305) 632-5297		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE DAYTIME PHONE #</small>		