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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05292008 Chg-P CR2E034 (12/06)

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000002464

1. Entity Name
DISTRIBUIDORA LATINA, INC.

Principal Place of Business	Mailing Address
7339 EAST COLONIAL DR UNIT 5 ORLANDO, FL 32807	7339 EAST COLONIAL DR UNIT 5 ORLANDO, FL 32807

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7339 East Colonial Dr	7339 E. Colonial Dr
Suite, Apt. #, etc.: Suite # 6	Suite, Apt. #, etc.: Suite # 6
City & State: Orlando	City & State: Orlando FL
Zip: FL 32807 Country: USA	Zip: 32807 Country: USA

4. FEI Number: 75-3259910 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARDONA, TOMAS 7339 EAST COLONIAL DR UNIT 5 ORLANDO, FL 32807	Name: Tomas Cardona Street Address (P.O. Box Number is Not Acceptable): 7339 E. Colonial Dr Suite # 6 City: Orlando FL Zip Code: 32807

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

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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	D CARDONA, TOMAS A 2735 DAYBREAK DR ORLANDO, FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Karla Cardona 2735 Daybreak Dr Orlando FL 32825	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON, NARSISO 3725 DAYBREAK DR ORLANDO, FL 32825	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #