

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000114640

FILED
Apr 30, 2008
Secretary of State

Entity Name: LA COLMENA PLASTIC DISTRIBUTOR, INC

Current Principal Place of Business:

1655/57 WEST 31ST PLACE
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

2901 SW 8TH STREET
SUITE 207
MIAMI, FL 33135

New Mailing Address:

FEI Number: 26-1263311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOSANA, FAUSTO
8777 COLLINS AVE
1010
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOSANA, FAUSTO
Address: 8777 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: VP () Delete
Name: LOSANA, EUGENIA
Address: 8777 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: SC () Delete
Name: LOSANA, ALEJANDRO
Address: 8777 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: AC () Delete
Name: BARCOS, JUAN
Address: 6700 WEST 24TH COURT BUILDING 16 UNIT 12
City-St-Zip: HIALEAH, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOSANA, FAUSTO
Address: 8777 COLLINS AVE NO. 1010
City-St-Zip: SURFSIDE, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FAUSTO LOSANA

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date