

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006842

Entity Name: DE CACHE DISTRIBUTOR INC.

FILED
Sep 14, 2009
Secretary of State

Current Principal Place of Business:

1190 71 ST
APT-14
MIAMI BEACH, FL 33141

New Principal Place of Business:

7375 SW 38 ST
MIAMI, FL 33155

Current Mailing Address:

1190 71 ST
APT-14
MIAMI BEACH, FL 33141

New Mailing Address:

7375 SW 38 ST
MIAMI, FL 33155

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

Name and Address of Current Registered Agent:

TORRES, PAOLA A
1190 71 ST
APT-14
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

TORRES, FABIO E
7375 SW 38 ST
MIAMI, FL 33155 US

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: TORRES FABIO

09/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: TORRES, PAOLA A
Address: 1190 71 ST APT-14
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP/S (X) Delete
Name: TORRES, LUISA F
Address: 1190 71 ST APT-14
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TORRES, FABIO E
Address: 7375 SW 38 ST
City-St-Zip: MIAMI, FL 33155

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: TORRES FABIO

PD

09/14/2009

Electronic Signature of Signing Officer or Director

Date