


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90052 050 ***150.00

DOCUMENT # P93000006155	
1. Entity Name ALL DISTRIBUTIONS CORPORATION	

Principal Place of Business 7570 NW 14 ST. SUITE 112 MIAMI, FL 33126 US	Mailing Address 7570 NW 14 ST. SUITE 112 MIAMI, FL 33126 US
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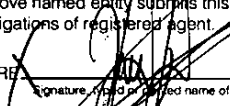
2. Principal Place of Business - No P.O. Box # 4005 NW 114th Ave	3. Mailing Address 4005 NW 114th Ave
Suite, Apt. #, etc. Unit 15	Suite, Apt. #, etc. Unit 15
City & State Doral, FL	City & State Doral, FL
Zip 33178	Country USA



02132007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0386653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, JOHN J 9775 NW 30 ST MIAMI, FL 33172	
7. Name and Address of New Registered Agent Name Garcia John J. Street Address (P.O. Box Number is Not Acceptable) 4005 NW 114th Ave Unit #15 City Doral FL Zip Code 33178	

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.

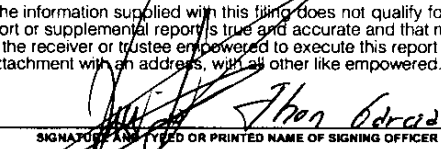
SIGNATURE  **President** DATE **2/22/07**

(NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARCIA, JOHN J		NAME Garcia, John J.	
STREET ADDRESS 9775 NW 30 STREET		STREET ADDRESS 4005 NW 114 Ave Unit 15	
CITY-ST-ZIP MIAMI, FL 33172		CITY-ST-ZIP Miami, FL 33178	
TITLE 	<input type="checkbox"/> Delete	TITLE VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME 		NAME Lopez, Luisa F.	
STREET ADDRESS 		STREET ADDRESS 4005 NW 114 Ave, Unit 15	
CITY-ST-ZIP 		CITY-ST-ZIP Miami, FL 33178	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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 **2/22/07** DAYTIME PHONE **305-5913079**

SIGNATURE AND DATE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR