

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90037 041 ***150.00



DOCUMENT # P93000029522

1. Entity Name

CITA DISTRIBUTORS, INC.

Principal Place of Business

6025 SW 133 CT
 MIAMI FL 33183

Mailing Address

6025 SW 133 CT
 MIAMI FL 33183



2. Principal Place of Business

11811 SW 122 AVE.

Suite, Apt. #, etc.
 MIAMI, FL.

City & State

3. Mailing Address

11811 SW 122 AVE.

Suite, Apt. #, etc.

City & State
 MIAMI, FL.

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0403956

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip
 33186

Country
 DADE

Zip
 33186

Country
 DADE

6. Name and Address of Current Registered Agent

BADO, ESTHER
 11811 SW 122 AVE.
 MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Esther Bado, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-28-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P Delete
 NAME BADO, ESTHER
 STREET ADDRESS 6025 SW 133 CT
 CITY-ST-ZIP MIAMI FL 33183

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Change Addition
 NAME BADO, ESTHER
 STREET ADDRESS 11811 SW 122 AVE.
 CITY-ST-ZIP MIAMI, FL. 33186

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Esther Bado, ESTHER BADO, PRESIDENT 3-28-05 305-239-3762

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #