
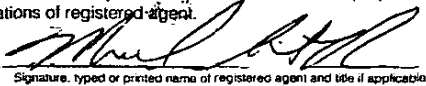
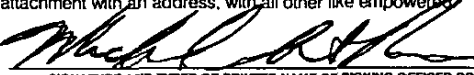


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90199 029 ***150.00

DOCUMENT # P93000035456 1. Entity Name BIG APPLE WHOLESALE DISTRIBUTORS, INC.		
Principal Place of Business 21929 PINE BARK WAY BOCA RATON, FL 33428 US		Mailing Address 21929 PINE BARK WAY BOCA RATON, FL 33428 US
2. Principal Place of Business 5955 Buena Vista CT. Suite, Apt. #, etc.	3. Mailing Address 5955 Buena Vista CT. Suite, Apt. #, etc.	
City & State Boca Raton FL.	City & State Boca Raton FL.	4. FEI Number 65-0410646
Zip 33433	Country U.S.	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SANTA ROSA, MICHAEL 21929 PINE BARK WAY BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name Michael Santa Rosa Street Address (P.O. Box Number is Not Acceptable) 5955 Buena Vista CT. City Boca Raton FL Zip Code 33433
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/24/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P <input type="checkbox"/> Delete NAME SANTA ROSA, MICHAEL STREET ADDRESS 21929 PINE BARK WAY CITY-ST-ZIP BOCA RATON, FL 33428	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP <input type="checkbox"/> Delete NAME SANTA ROSA, GILBERT STREET ADDRESS 21929 PINE BARK WAY CITY-ST-ZIP BOCA RATON, FL 33428	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/24/06 Daytime Phone # 954-943-1007

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