


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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|--|---|--|---|---|---------|
| DOCUMENT # P94000020425 | | | |  | |
| 1. Entity Name WEITNAUER DISTRIBUTION, INC. | | | | | |
| Principal Place of Business 2315 NW 107 SUITE A21 MIAMI, FL 33172 US | | | Mailing Address 2315 NW 107 AVE BOX 45 MIAMI, FL 33172 US | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, PA 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 | | | | 7. Name and Address of New Registered Agent Name HENDRY, STONER, CALANDRINO & BROWN, PA Street Address (P.O. Box Number is Not Acceptable) 20 N. ORANGE AVENUE SUITE 600 City ORLANDO FL Zip Code 32801 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fee 700075549037 06-01018-007 **\$61.25 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D SOUTO, LUCIO G 2315 NW 107 AVE, SUITE A21 MIAMI, FL 33172 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS/D GAVIRIA, MARCO E 2315 NW 107 AVE, SUITE A21 MIAMI, FL 33172 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENDRY, ROBERT 200 E. ROBINSON ST., #500 ORLANDO, FL 32801 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HENDRY, ROBERT 20 N. ORANGE AVENUE, SUITE 600 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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: <u>Marco E. Gaviria</u> MARCO E. GAVIRIA 04/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

FILED
06 MAY 15 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0473127 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required