## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 08:00 AM Secretary of State

ANNUAL KEPUKI					Apr 23, 200 / 08:00			
DOCUMENT # P9400029751  1. Entity Name BRITO DISTRIBUTORS, INC.					S	ecretar	y of Sta	
Principal Plac	ce of Business	Mailing Address	<u></u>					
357 W. 41ST STREET HIALEAH, FL 33012		357 W. 41ST STREET HIALEAH, FL 33012						
	NOT WEITE	NI TUIS SDA	02082007 No Chg-P CR2E034 (11/05)			/05)		
	O NOT WRITE	N ITIO SPA	UE	4. FEI Numb 65-048			Applied For Not Applicable	
				5. Certificate	e of Status Desired	□ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current Rec	istered Agent		An aleman and the second			ara tak	
BRITO, VICTOR M 357 W. 41ST STREET HIALEAH, FL 33012					NOT W	活展旗 医 境學		
	e named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or regis	tered agent, or bo	oth, in the State of Flo	rida. I am familiar	with, and accept	
SIGNATURE.	- •							
O.G. W. TOTAL	Signature, typed or printed name of registered agent and ti	tle if applicable. (NOTE Registere	ed Agent signature requi	ired when reinstating)	117.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	DATE		
	E NOWIII FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		5.00 May Be dded to Fees	05/01/07-	0721515 -80148-015	150.00	
10.	OFFICERS AND DIR	ECTORS	1.50 m 1.50 m		APP 1995 1995 1995 1995 1995 1995 1995 19		THE PERSONS	
TITLE NAME	PSD BRITO, VICTOR M		and the					
STREET ADDRESS			A Comment					
CITY-ST-ZIP	HIALEAH, FL 33012	**************************************						
TITLE NAME								
STREET ADDRESS CITY-ST-ZIP								
TITLE		4-, 1						
NAME STREET ADDRESS			And the second s	PLA LELE				
CITY-ST-ZIP				DO	NOT W	RITE		
TITLE	,			IN:	THIS SP	ACE		
NAME STREET ADDRESS			<b>美国基础</b>					
CITY-ST-ZIP								
TITLE NAME			The same of the sa					
STREET ADDRESS								
CITY-ST-ZiP			$\mu_{i}$	1、1945年の特殊で	(数据) 经经济的	J. S. C.	Water British Francisco	

12. I hereby certify that the information supplied with this filling 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 outh; 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: Victor

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Victor (Sitto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07 (305)821-7813

Daytime Phone #