

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90121 027 \*\*\*150.00

**DOCUMENT #** P94000085749  
1. Entity Name  
RO-HE DISTRIBUTOR, CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6030 N.W. 114 Street  
Suite, Apt. #, etc.

3. Mailing Address  
6030 N.W. 114 Street  
Suite, Apt. #, etc.

City & State  
Hialeah Florida

City & State  
Hialeah Florida

Zip 33012 Country USA

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24072874

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0535997

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
GONZALEZ, RODOLFO HELIO

Street Address (P.O. Box Number is Not Acceptable)  
6030 NW 114 Street

City Hialeah FL Zip Code 33012

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1, May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$91.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GONZALEZ, RODOLFO HELIO 6030 NW 114 St Hialeah FL 33012	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 11 or on an attachment with an address with an other like empowered.

SIGNATURE: *Rodolfo Helio Gonzalez*

4/29/2004 (305) 557-4903