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

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED May 07, 2004 8:00 am	
DOCUMENT # P94000085749  1. Entity Name				Secretary of State 05-07-2004 90121 027 ***150.00		
RO-HE DISTRIBUTOR, CORP.					03 07 200 130121 027	150.00
•	•					
DO NOT WRITE IN THIS SPACE				24072874		
2. Principal Place of Business		3. Mailing Address 6030 N.W. 114 Street			<b># 2</b> • •	
6030 N.W. 114 Street Suite, Apt. #, etc.		Suite, Apt. #, etc.		reet	DO NOT WRITE IN THIS S	SPACE
City & State Hialeah Florida		City & State Hialeah Florida		da	4. FEI Number 65-0535997	Applied For Not Applicable
Zip	Country Zip Country 2 USA 33012 USA				\$8.75 Additional Fee Required	
			\$ 10 E		7 Name and Address of Current Registered	Agent*
DO NOTWE				Name	GONZALEZ, RODOLFO HELIO	
DO NOT WRIT		专用,1990年1990年,中国中国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国共和国	Street Address (I		P.O. Box Number is Not Acceptable)	
	IN THIS SP	ACE			6030 NW 114 Street	
City				City	Hialeah <b>FL</b>	. 33012 33 <b>0</b> 2
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered agent a	nd tile il applicable. (NOT	E: Registere	d Agent signature required	when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  Make Check		January 1 N Artar May Amende Make Check Paya	Ay:1 F 1 Fee d UBR ole to D	ee ia \$ (50,00 % is \$550,00 % \$ \$ is \$61,25 % epartment of Sta	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND		187 (2) 187 (2) 187 (2)			APPLIES TO THE PROPERTY OF THE PARTY OF THE
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NAME STREET ADDRESS			NAM STR	EET ADDRESS		
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13. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

4/29/2004 (305) 557-4903