



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

|   |                            |   |  |
|---|----------------------------|---|--|
| <b>DOCUMENT # P97000045732</b><br>1. Entity Name<br><b>DAMIAN DISTRIBUTORS CORP.</b>  |                            |    |  |
| Principal Place of Business<br><b>5180 N.W. 74 AVE<br/>MIAMI, FL 33166</b>  |                            | Mailing Address<br><b>5180 N.W. 74 AVE<br/>MIAMI, FL 33166</b>                      |  |
| <b>DO NOT WRITE IN THIS SPACE</b>   |                            |  |  |
|   |                            | 01142004 No Chg-P CR2E034 (10/03)   |  |
|   |                            | 4. FEI Number<br><b>65-0755855</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
|   |                            | 5. Certificate of Status Desired <input type="checkbox"/>                           | <b>\$8.75</b> Additional Fee Required                  |
| 6. Name and Address of Current Registered Agent<br><br><b>CASAMAYOR ECHAURI, NADIA C<br/>617 ZAMORA AVE<br/>CORAL GABLES, FL 33134</b>  |                            | <b>DO NOT WRITE IN THIS SPACE</b>   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____  |                            |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees                  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                            | <b>DO NOT WRITE IN THIS SPACE</b><br><br>U000000010140<br>01/22/04-80018-020 150.00 |  |
| TITLE   | P                          |   |  |
| NAME  | CASAMAYOR ECHAURI, NADIA C |   |  |
| STREET ADDRESS  | 6961 NW 42 ST              |   |  |
| CITY - ST - ZIP   | MIAMI, FL 33166            |   |  |
| TITLE   | V                          |   |  |
| NAME  | ECHAURI, DAMIAN            |   |  |
| STREET ADDRESS  | 6961 NW 42 ST              |   |  |
| CITY - ST - ZIP   | MIAMI, FL 33166            |   |  |
| TITLE   |                            |   |  |
| NAME  |                            |   |  |
| STREET ADDRESS  |                            |   |  |
| CITY - ST - ZIP   |                            |   |  |
| TITLE   |                            |   |  |
| NAME  |                            |   |  |
| STREET ADDRESS  |                            |   |  |
| CITY - ST - ZIP   |                            |   |  |
| TITLE   |                            |   |  |
| NAME  |                            |   |  |
| STREET ADDRESS  |                            |   |  |
| CITY - ST - ZIP   |                            |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. |                            |   |  |
| <b>SIGNATURE:</b> <i>Nadia Casamayor-Echauri</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                            | <i>1/20/04</i><br><small>Date</small>   | <i>305-418-4363</i><br><small>Daytime Phone #</small>  |