

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046796

FILED
Jan 31, 2008
Secretary of State

Entity Name: AMERICAN DISTRIBUTION SERVICES, INC.

Current Principal Place of Business:

462 NE 63RD ST
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

462 NE 63RD ST
MIAMI, FL 33138 US

New Mailing Address:

FEI Number: 65-0884130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, ALAN W ESQ.
1110 BRICKEL AVENUE, 7TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

TERRONES, JEANINE J VP
462 NE 63RD STREET
MIAMI, FL 33138 US

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: JEANINE

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TERRONES, NOEL
Address: 462 NE 63RD ST
City-St-Zip: MIAMI, FL 33138

Title: V () Delete
Name: TERRONES, SARAH
Address: 462 NE 63RD ST
City-St-Zip: MIAMI, FL 33138 US

Title: V () Delete
Name: RIOU, TOM
Address: 462 NE 63RD ST
City-St-Zip: MIAMI, FL 33138 US

Title: T () Delete
Name: TERRONES, JEANNINE
Address: 462 NE 63RD ST
City-St-Zip: MIAMI, FL 33138 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH TERRONES

VP

01/31/2008

Electronic Signature of Signing Officer or Director

Date