## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 05, 2004 8:00 am Secretary of State

DOCUMENT # P9900.00 46465  1. Entity Name SANDYS DISTRIBUTION EORP.					Secretary of State 05-05-2004 90248 050 ***1 50.00		
DO NOT WRITE IN THIS SPACE							
2. Principal F	3. Mailing Address	ling Address FLAGLER					
Suite, Apt	#, etc. 2/	Suite, Apt. #, etc. 2/			DO NOT WRITE IN THIS SPACE		
City & State MAAI. FL		City & State M/AM/- FL.		4. FEI Number 02-0553)	14	Applied For Not Applicable	
Zip 33	3135 Country DAJE.	zip 33/35	Country C	DADE	5. Certificate of Status Desired [	Fee R	5 Additional equired
7. Name and Address of Current Registered Agent							t 
DO NOT WRITE				Name  MILLH ENKIQUE LF  Street Address (P.O. Box Number is Not Acceptable)			
			(	City	1AM1.	FL Z	o Code 3313
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.							
SKGNATURE Signature, typed or printed natine of registered eigenit and title if applicable. (INDTE: Registered 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)  January 1 May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of Sta					10. Election Campaign Financin Trust Fund Contribution.	~ —	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	HRECTORS	では、 では、 では、 では、 では、 では、 では、 では、			全户等层接受电压 17世间12年第25年	
NAME : STREET ADDRESS	MILLA EXPRIORES	ER STE #21	TITLE NAME STREET A	DORESS	er en		
CITY-ST-ZIP	MIAMI	33/35	CITY-ST-			Constant	
TITLE	/		MLE			100 to 10	Alfrica Carte Charles
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CITY-ST-ZIP			CITY-ST-			, i Tipon	
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NAME STREET ADDRESS			NAME Street ac	DORESS			
CITY-ST-ZIP			CITY-ST	ZJP	DO NOI:W	RUE	
TITLE			TITLE		IN THIS SP	ACE	KATONIA IN THE
NAME STREET ADDRESS			NAME STREET AL	DOMESS		William Town	
CITY-ST-ZIP			CITY-ST-	ZiP			
TITLE		·	MLE	4. 物学:		1850-196	
NAME STREET ADDRESS			NAME STREET AD	DORESS			
CITY-ST-ZIP			CITY-ST-	ZIP	production of the second of th	is erea in 1994 September 1994	
TITLE		•	TITLE		grand the state of		and the second
NAME STREET ADDRESS			NAME STREET AD	DORESS			
CITY-ST-ZIP			CITY-ST-Z	ZIP.			
13. Thereby c	ertify that the information supplied with th	is filing does not qualify for th	ne exempti	ion stated in Sec	tion 119.07(3)(i), Florida Statutes. I furthe	er certify that	the information

13. I nereby certify that the information supplied with this filing does not quality 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: \_

ADDREAMOTYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 (305)541-6753

Daytime Phone #