

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

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

05-05-2004 90248 050 ***150.00

DOCUMENT # *99900.00 46465*

1. Entity Name
SANDY'S DISTRIBUTION CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1784 W. FLAGLER</i>		3. Mailing Address <i>1784 W. FLAGLER</i>	
Suite, Apt. #, etc. <i>21</i>		Suite, Apt. #, etc. <i>21</i>	
City & State <i>MIAMI FL</i>		City & State <i>MIAMI FL</i>	
Zip <i>33135</i>	Country <i>DADE</i>	Zip <i>33135</i>	Country <i>DADE</i>

DO NOT WRITE IN THIS SPACE

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			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
		Name <i>MILLA ENRIQUE G</i>	
		Street Address (P.O. Box Number is Not Acceptable) <i>1784 W. FLAGLER STE. #21</i>	
		City <i>MIAMI</i>	FL Zip Code <i>33135</i>

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) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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 State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D.P. MILLA ENRIQUE G 1784 W. FLAGLER STE #21 MIAMI FL 33135</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 (305) 541-6755

Date Daytime Phone #