

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000082371

FILED
Apr 06, 2005
Secretary of State

Entity Name: PRIMUS DISTRIBUTORS INC.

Current Principal Place of Business:

169 EAST FLAGLER STREET
SUITE 932
MIAMI, FL 33131

New Principal Place of Business:

11000 NW 32ND AVENUE
MIAMI, FL 33167

Current Mailing Address:

169 EAST FLAGLER STREET
SUITE 932
MIAMI, FL 33131

New Mailing Address:

11000 NW 32ND AVENUE
MIAMI, FL 33167

FEI Number: 65-0955479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALAMA, ELIAS M T
3804 SW 53 CT
HOLLYWOOD, FL 33312 US

Name and Address of New Registered Agent:

SALAMA, ELIAS M T
2600 ISLAND BLVD.
305
AVENTURA, FL 33180 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: ELIAS M. SALAMA

04/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAMA, ELIAS M T
Address: 3804 SW 53 CT
City-St-Zip: HOLLYWOOD, FL 33312

Title: TD () Delete
Name: SALAMA, SAMUEL
Address: 19111 COLLINS AVE, APT 904
City-St-Zip: AVENTURA, FL 33160

Title: D () Delete
Name: SALAMA, ALBERTO
Address: 169 EAST FLAGLER STREET
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALAMA, ELIAS M T
Address: 2600 ISLAND BLVD APT. 305
City-St-Zip: AVENTURA, FL 33180

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

Title: D (X) Change () Addition
Name: SALAMA, ALBERTO
Address: 401 HOLIDAY DRIVE
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELIAS M. SALAMA

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date