
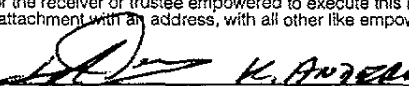


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V28821</b> 1. Entity Name L.A. DISTRIBUTORS, INC.		
Principal Place of Business 5030 CHAMPION BLVD UNIT F-5 BOCA RATON, FL 33496 US	Mailing Address 2101 W. COMMERCIAL BLVD SUITE 4100 FT LAUDERDALE, FL 33309	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  FORMAN, ROBERT S 2101 W COMMERCIAL BLVD SUITE 4100 FT LAUDERDALE, FL 33309		<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VM RIVERA, HADA 1107 SW 83RD AVE NORTH LAUDERDALE, FL 33068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ANDERES, KASPAR 5030 CHAMPION BLVD UNIT F-5 BOCA RATON, FL 33496	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/14/06 Daytime Phone #: 954 647 5027



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0337250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

UD00000529685  
05/05/06-80086-012 150.00

**DO NOT WRITE  
IN THIS SPACE**