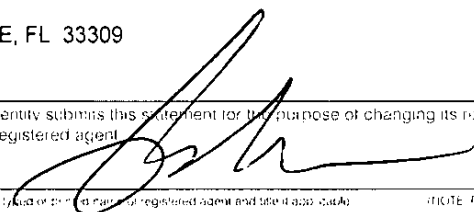
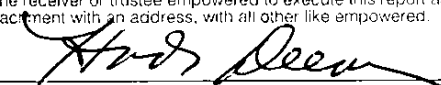


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 006 ***150.00

DOCUMENT # V28821					
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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address 2101 W Commercial Blvd Suite 2800 City & State Fort Lauderdale, FL Zip 33309 Country US		
City & State Zip Country			4. FEI Number 65-0337250 Applied For: ☐ Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			01032008 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent FORMAN, ROBERT S 2101 W COMMERCIAL BLVD SUITE 4100 FT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name Forman, Robert S Street Address (P.O. Box Number is Not Acceptable) 2101 W Commercial Blvd Suite 2800 City Fort Lauderdale FL Zip Code 33309		
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:  DATE: 1/4/08					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VM DEEREN, HADA 17888 69 ST. N. LOXAHATCHEE, FL 33470	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST ANDERES, KASPAR 5030 CHAMPION BLVD UNIT F-5 BOCA RATON, FL 33496	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 			HADA DEEREN 1-10-08 Date: 1-10-08 Eastern Phone: 754-581-0281		