

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63067

FILED
Apr 27, 2006
Secretary of State

Entity Name: HISPAMER DISTRIBUTORS, INC.

Current Principal Place of Business:

350 NE 75TH ST
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

PO BOX 381117
MIAMI, FL 33238

New Mailing Address:

FEI Number: 65-0389675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTA, JORGE
MADISON CIRCLE 3191 CORAL WAY
SUITE 605
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: GARCIA, CARLOS M
Address: 350 NE 75TH ST
City-St-Zip: MIAMI, FL 33138

Title: AT () Delete
Name: GONZALEZ, RAUL
Address: 350 NE 75TH ST
City-St-Zip: MIAMI, FL 33138

Title: P () Delete
Name: MARIN, CARLOS
Address: 350 NE 75TH ST
City-St-Zip: MIAMI, FL 33138

Title: TC () Delete
Name: RIVIERA, LUIS
Address: 350 NE 75TH ST
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, CARLOS M
Address: 350 NE 75TH ST
City-St-Zip: MIAMI, FL 33138

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

Title: VP (X) Change () Addition
Name: MARIN, CARLOS
Address: 350 NE 75TH ST
City-St-Zip: MIAMI, FL 33138

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: CARLOS M. GARCIA

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date