2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2012
Secretary of State

DOCUMENT# F11000003138

Entity Name: M.C. WHOLESALE DISTRIBUTION CENTER CORP.

Current Principal Place of Business:

1879 RICARDO AVE
FORT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

PO BOX 322
DOUGLASVILLE, GA 30133

New Mailing Address:

PO BOX 1533
FORT MYERS, FL 33902-

FEI Number: 26-2421296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERAT, CLEBERT
1879 RICARDO AVE
FORT MYERS, FL 33901 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

OFFICERS AND DIRECTORS:

Title: CDP
Name: MERAT, CLEBERT
Address: PO BOX 1533
City-St-Zip: FORT MYERS, FL 33902

Title: VCD
Name: MERAT, JACQUELINE
Address: PO BOX 1533
City-St-Zip: FORT MYERS, FL 33902

Title: VP
Name: MARTA I, MARRERO
Address: PO BOX 1533
City-St-Zip: FORT MYERS, FL 33902

Title: TD
Name: SCIPION, GERALD M
Address: PO BOX 322
City-St-Zip: DOUGLASVILLE, GA 30133

Title: D
Name: MERAT, MERALIEN
Address: PO BOX 322
City-St-Zip: DOUGLASVILLE, GA 30133

Title: S
Name: ROBERT, PEREZ
Address: PO BOX 1533
City-St-Zip: FORT MYERS, FL 33902

I hereby 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 all other like empowered.

SIGNATURE: CLEBERT MERAT CDP 02/28/2012

Electronic Signature of Signing Officer or Director — Date