


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90105 035 \*\*\*138.75  
 06-05-2008 90224 024 \*\*\*138.75

**DOCUMENT # L07000090528**  
 1. Entity Name  
**FORWARD DISTRIBUTORS, LLC**



Principal Place of Business      Mailing Address  
**7760 WEST 20TH AVENUE, #2**      **7760 WEST 20TH AVENUE, #2**  
**HIALEAH FL 33016**      **HIALEAH FL 33016**



1st MOORE      CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number: **26-0851200**      Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KURKIN, ALEX J ESO.**  
**ONE BISCAYNE TOWER, SUITE 2400**  
**2 SOUTH BISCAYNE BLVD.**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_      **FL**      Zip Code: \_\_\_\_\_

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 \_\_\_\_\_  
(Signature must be printed name of registered agent and fee is applicable)      (NOTE: Registered agent signature required when renewing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	KURKIN, ALEX J ESO.	2 SOUTH BISCAYNE BLVD., SUITE 2400	MIAMI FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	CARMA, FRANK	7760 WEST 20TH AVENUE, #2	HIALEAH, FL 33016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	CARIA, IVAN	7760 WEST 20TH AVENUE, #2	HIALEAH, FL 33016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *[Signature]*      **Manager**      **04-18-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      District Page #