## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000012648

Entity Name: GUACAMAYO DISTRIBUTORS, INC.

1947 BRANCHWATER TRAIL

ORLANDO, FL 32825

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Plac	New Principal Place of Business:	
	NCHWATER TRAIL D, FL 32825			
Current M	ailing Address:	New Mailing Addre	ss:	
	NCHWATER TRAIL ), FL 32825			
FEI Number	: 59-3712352 FEI Number App	lied For ( ) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Current Register	ed Agent: Name and Address	of New Registered Agent:	
1947 BRA	EL, DAVID NCHWATER TRAIL ), FL 32825 US			
	named entity submits this state e of Florida.	ment for the purpose of changing its register	red office or registered agent, or both,	
SIGNATUI				
	Electronic Signature of R		Date	
Election Car	npaign Financing Trust Fund Contri	. ,		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P ( ) Delete BEJARANO, ALFONSO 1947 BRANCHWATER TRAIL ORLANDO, FL 32825	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	OFF ( ) Delete SANMIGUEL, DAVID 1947 BRANCHWATER TRAIL ORLANDO, FL 32825	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	OFF ( ) Delete SANMIGUEL, MYRIAM 1947 BRANCHWATER TRAIL ORLANDO, FL 32825	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	OFF () Delete BEJARANO, ANA	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: DAVID SANMIGUEL OFF 04/29/2009