

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 22, 2008
Secretary of State**

DOCUMENT# P02000055071

Entity Name: GAICER DISTRIBUTORS, INC.

Current Principal Place of Business:

New Principal Place of Business:

5409 B SOUTHERN COMFORT BLVD
TAMPA, FL 33634

Current Mailing Address:

New Mailing Address:

5409 B SOUTHERN COMFORT BLVD
TAMPA, FL 33634

FEI Number: 59-3296921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TESTA, PHILIP J SR
4726-B N. LOIS AVE.
TAMPA, FL 33614 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CEREZO, ISABEL J
Address: 3402 W. CASS ST.
City-St-Zip: TAMPA, FL 33609 US

Title: P (X) Change () Addition
Name: CEREZO, ISABEL J
Address: 3402 W. CASS ST.
City-St-Zip: TAMPA, FL 33609 US

Title: V () Delete
Name: CEREZO, GABRIEL A JR
Address: 2135 ASHLEY LAKES DR
City-St-Zip: ODESSA, FL 33556 US

Title: V (X) Change () Addition
Name: CEREZO, GABRIEL A
Address: 2135 ASHLEY LAKES DR
City-St-Zip: ODESSA, FL 33556 US

Title: T () Delete
Name: CEREZO, ADRIAN A
Address: 3402 W. CASS ST.
City-St-Zip: TAMPA, F 33609 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: CEREZO, ISELA A
Address: 3402 W CASS ST
City-St-Zip: TAMPA, FL 33609 US

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.

SIGNATURE: ISABEL J CEREZO

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08/22/2008

Electronic Signature of Signing Officer or Director

Date