

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060071

Entity Name: AMBRIZ DISTRIBUTING, INC.

FILED  
Apr 20, 2009  
Secretary of State

**Current Principal Place of Business:**

1456 NW 78 AVE  
MIAMI, FL 33126

**New Principal Place of Business:**

11425 S.W. 149 CT  
MIAMI, FL 33196

**Current Mailing Address:**

1456 NW 78 AVE  
MIAMI, FL 33126

**New Mailing Address:**

11425 S.W 149 CT  
MIAMI, FL 3319VICT6

FEI Number: 27-0015766

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARIA BECERRA  
13040 N.W. 8 ST  
MIAMI, FL 33186 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: P ( ) Delete  
Name: AMBRIZ, VICTOR  
Address: 1456 NW 78 AVE  
City-St-Zip: DORAL, FL 33126

Title: V ( ) Delete  
Name: AMBRIZ, ELSA  
Address: 1456 NW 78 AVE  
City-St-Zip: DORAL, FL 33126

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: VICTOR AMBRIZ

P

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date