

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2007  
Secretary of State**

DOCUMENT# P03000089543

Entity Name: ABC DISTRIBUTORS, INC.

**Current Principal Place of Business:**

745 PINELLAS BAYWAY SOUTH  
SUITE 107  
ST. PETERSBURG, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

745 PINELLAS BAYWAY SOUTH  
SUITE 107  
ST. PETERSBURG, FL 33715 US

**New Mailing Address:**

FEI Number: 51-0479024      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GAITAN, MARIANA  
745 PINELLAS BAYWAY  
APT# 107  
TIERRA VERDE, FL 33715 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GAITAN, MARIANA  
Address: 745 PINELLAS BAYWAY, APT# 107  
City-St-Zip: TIERRA VERDE, FL 33715 US

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

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: MARIANA GAITAN

D

05/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date