

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089543

Entity Name: ABC DISTRIBUTORS, INC.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 51-0479024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

New Principal Place of Business:

1801 COLLINS AVENUE
SUITE 923
MIAMI, FL 33139 US

New Mailing Address:

1801 COLLINS AVENUE
SUITE 923
MIAMI, FL 33139 US

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

05/01/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date