## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Apr 10, 2007 08:00 All Secretary of State DOCUMENT # P04000095003 1. Entity Namo GENT'S DISTRIBUTING, INC. Principal Place of Business Mailing Address 300 S HOLLYBROOK DR 300 S HOLLYBROOK DR PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-1273247 Not Applicable Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GENT, DANIEL W 300 S HOLLYBROOK DR Street Address (P.O. Box Number is Not Acceptable) PEMBROKE PINES FL 33025 Zip Code 8. 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. I am familiar with, and accept the obligations of registered, SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 mu ☐ Delete TITLE ☐ Change Addition GENT, DANIEL W U00000696918 NAME NAME 300 S HOLLYBROOK DR #107 04/18/07-80020-005 150.00 STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33025 CITY-S1-ZIP CITY-ST-7IP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HITH Delete шц ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIF Delete TILLE ШЕ ☐ Change Addition NAMI NAME STAFFI ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-SI-7(P ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP HILE ☐ Detete TITLE Change ■ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11

her lika empowered.

of the corporation or the rece if changed, or on an atlachn

SIGNATURE:

FILED