

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064200

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: AP ATLANTIC DISTRIBUTION, INC.

**Current Principal Place of Business:**

7190 NW 12TH STREET  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

7190 NW 12TH STREET  
MIAMI, FL 33126

**New Mailing Address:**

FEI Number: 65-0608693      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ALPIZAR, ORLANDO GM  
7190 N.W. 12TH STREET  
MIAMI, FL 33126 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: ALPIZAR, OLGA  
Address: 19111 COLLINS AVE, # 707  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP ( ) Delete  
Name: PELAEZ, ANTONIO JR.  
Address: 797 SHETLAND LANE  
City-St-Zip: RIDGEFIELD, NJ 07657

Title: T ( ) Delete  
Name: PELAEZ, EMILIO  
Address: 7 ALPINE DRIVE  
City-St-Zip: CLOSTER, NJ 07624

Title: S ( ) Delete  
Name: PELAEZ, LUIS M  
Address: 45 SILO LANE  
City-St-Zip: WARWICK, NY 10990

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

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

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

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: ORLANDO ALPIZAR

GM

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date