

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100617

Entity Name: U.S.A DISTRIBUTORS, INC.

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

8140 NW 74TH AVE  
#21  
MEDLEY, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8140 NW 74TH AVE  
#21  
MEDLEY, FL 33166

**New Mailing Address:**

FEI Number: 65-0884156      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DE LA TORRIENTE, COSME J  
155 SW 25TH ROAD  
MIAMI, FL 33129      US

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

MARIA CABRERA  
8140 NW 74TH AVE #21  
MEDLEY, FL 33166      US

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: MARIA CABRERA      04/29/2008  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NICOLAS, MARIA  
Address: 8140 NW 74TH AVE SUITE #21  
City-St-Zip: MEDLEY, FL 33166

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

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

Title: TRE ( ) Delete  
Name: NICOLAS, MARIA  
Address: 8140 NW 74TH AVE SUITE #21  
City-St-Zip: MEDLEY, FL 33166

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: MARIA NICOLAS      PD      04/29/2008  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date