

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 483574

**FILED**  
**Apr 07, 2016**  
**Secretary of State**  
**CC8957361128**

**Entity Name:** PIERSON DISTRIBUTORS, INC.

**Current Principal Place of Business:**

1145 BELLE MEADE ISLAND DRIVE  
MIAMI, FL 33138

**Current Mailing Address:**

1145 BELLE MEADE ISLAND DRIVE  
MIAMI, FL 33138 US

**FEI Number:** 59-1616202

**Certificate of Status Desired:** No

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

PIERSON, DEBORAH  
1145 BELLE MEADE ISLAND DR  
MIAMI, FL 33138 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name PIERSON, DEBORAH  
Address 1145 BELLE MEADE ISLAND  
City-State-Zip: MIAMI FL 33138

Title VPT  
Name PIERSON, DEBORAH  
Address 1145 BELLE MEADE DR  
City-State-Zip: MIAMI FL 33138

Title S  
Name PIERSON, DEBORAH  
Address 1145 BELLE MEAD ISLAND DR  
City-State-Zip: MIAMI FL 33138

Title VP, DIRECTOR  
Name JONES, IAN B  
Address 1145 BELLE MEADE ISLAND DRIVE  
City-State-Zip: MIAMI FL 33138

*I hereby 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 all other like empowered.*

**SIGNATURE:** DEBORAH PIERSON

**PRESIDENT**

**04/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date