

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K55587

**Entity Name:** TR WHOLESALE DISTRIBUTORS, INC.

**Current Principal Place of Business:**

4801 NW 77TH AVE  
MIAMI, FL 33166

**Current Mailing Address:**

2953 W CYPRESS CREEK RD  
101  
FORT LAUDERDALE, FL 33309

**FEI Number: 65-0094269**

**Certificate of Status Desired: No**

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

PASSARIELLO, JOHN  
2953 W CYPRESS CREEK RD  
101  
FORT LAUDERDALE, FL 33309 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 DP  
Name RIVERA, JUAN  
Address 920 NW 199TH TERRACE  
City-State-Zip: PEMBROKE PINES FL

Title DV  
Name RIVERA, NINFA  
Address 920 NW 199TH TERRACE  
City-State-Zip: PEMBROKE PINES FL

Title TREASURER  
Name RIVERA, ANTHONY  
Address 4801 NW 77TH AVE  
City-State-Zip: MIAMI FL 33166

Title SECRETARY  
Name LECHNER, GINA  
Address 4801 NW 77TH AVE  
City-State-Zip: MIAMI FL 33166

*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: JUAN RIVERA**

**DP**

**04/27/2015**

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

\_\_\_\_\_  
Date