

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117713

Entity Name: LP DISTRIBUTOR OF FLORIDA I, INC.**Current Principal Place of Business:**3480 WEST 84TH STREET # 111
HIALEAH, FL 33018**Current Mailing Address:**9261 NW 121 STREET
HIALEAH GARDENS, FL 33018**FEI Number:** 20-4993932**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AGUADO, JOSE M
9261 NW 121 STREET
HIALEAH GARDENS, FL 33018 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	VP
Name	AGUADO, JOSE M
Address	9261 NW 121ST STREET
City-State-Zip:	HIALEAH GARDENS FL 33018

Title	TREASURER
Name	AGUADO, JOSE M
Address	9261 NW 121 STREET
City-State-Zip:	HIALEAH GARDENS FL 33018

Title	P
Name	AGUADO, JOSE M
Address	9261 NW 121ST STREET
City-State-Zip:	HIALEAH GARDENS FL 33018

Title	SECRETARY
Name	AGUADO, JOSE M
Address	9261 NW 121 STREET
City-State-Zip:	HIALEAH GARDENS FL 33018

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: JOSE M AGUADO**PRESIDENT****04/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date