

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 327063

FILED
Feb 12, 2007
Secretary of State

Entity Name: SIRGANY WHOLESALE DISTRIBUTORS, INC.

Current Principal Place of Business:

6910 NW 12TH STREET
BUILDING B
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

MIAMI INTERNATIONAL AIRPORT
PO BOX 59-2313
MIAMI, FL 33159

New Mailing Address:

MIAMI INTERNATIONAL AIRPORT
6910 NW 12TH STREET
MIAMI, FL 33126

FEI Number: 59-1235768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAYAL, RAYMOND J
6910 NW 12 ST
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: PD () Delete
Name: KAYAL, RAYMOND J,
Address: 6850 SW 99 TERR
City-St-Zip: MIAMI, FL 33156

Title: STD () Delete
Name: KAYAL, LORAINNE S,
Address: 6850 SW 99 TERR
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RAYMOND J KAYAL

PD

02/12/2007

Electronic Signature of Signing Officer or Director

_____ Date