

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 372357

Entity Name: M.D. DISTRIBUTING, INC.

FILED
Feb 06, 2009
Secretary of State

Current Principal Place of Business:

9501 OLD S DIXIE HWY
MIAMI, FL 33156 US

New Principal Place of Business:

Current Mailing Address:

9501 OLD S DIXIE HWY
MIAMI, FL 33156 US

New Mailing Address:

FEI Number: 59-1318861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEDINA, GEORGE
9501 OLD SOUTH DIXIE HWY
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

MEDINA, MARIA E.
9501 OLD SOUTH DIXIE HWY
MIAMI, FL 33156 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: MEDINA, MARIA E.

02/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEDINA, GEORGE,
Address: 5290 NORTH KENDALL DRIVE
City-St-Zip: MIAMI, FL 33156

Title: ST () Delete
Name: MEDINA, ISABEL R,
Address: 5290 NORTH KENDALL DRIVE
City-St-Zip: MIAMI, FL 33156

Title: VP (X) Delete
Name: MEDINA, MARIA EUGNIA
Address: 7837 SW 117 ST
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: MEDINA, MARIA E.,
Address: 7837 SW 117 ST
City-St-Zip: MIAMI, FL 33156

Title: VPS (X) Change () Addition
Name: MILGROM, MICHAEL,
Address: 7837 SW 117 ST
City-St-Zip: MIAMI, FL 33156

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: MEDINA, MARIA E.

PT

02/06/2009

Electronic Signature of Signing Officer or Director

Date