

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90026 021 ***150.00

DOCUMENT # 457577

1. Entity Name

NANSORY FOOD DISTRIBUTORS, INC.



Principal Place of Business

2177 N.W. 24TH CT.
MIAMI FL 33142
US

Mailing Address

P.O BOX 940363
MIAMI FL 33194
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 940363

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL 33194

City & State

City & State

4. FEI Number

59-1604850

Applied For

Not Applicable

Zip

Country

Zip

Country

33194

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODRIGUEZ, EUSEBIO J

~~2177 N.W. 24TH CT~~ 4254 S.W. 163 Path
MIAMI FL ~~33142~~ 33185

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDST
RODRIGUEZ, EUSEBIO J
~~2177 N.W. 24TH CT~~
MIAMI FL 33142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4254 S.W. 163 Path
MIAMI, FL 33185 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
RODRIGUEZ, CHRSTINA C
5225 SW 160 AVE
MIAMI FL 33185 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/25/08