

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # 626150

1. Entity Name
NIAGARA DISTRIBUTORS, INC.



Principal Place of Business
**3701 NORTH 29TH AVENUE
HOLLYWOOD, FL 33020**

Mailing Address
**3701 NORTH 29TH AVENUE
HOLLYWOOD, FL 33020**

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FLI Number **59-1949430** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUCCI, RICHARD M.
3701 N. 29TH AVENUE
HOLLYWOOD, FL 33020**

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **LUCCI, P.R.**
STREET ADDRESS **194 N. ELLICOTT CREEK RD**
CITY-STATE-ZIP **TONAWANDA, NY**

TITLE **DS**
NAME **LUCCI, VINCENT**
STREET ADDRESS **6113 LAKE AVE.**
CITY-STATE-ZIP **ORCHARD PARK, NY**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

U00000517607
05/01/06-80051-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 TYPE/PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06
Date

Daytime Phone #