

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04822

Entity Name: NINO WHOLESALE, INC.

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

2201 S.W. 31ST AVENUE
PEMBROKE PARK, FL 33009

New Principal Place of Business:

Current Mailing Address:

2201 S.W. 31ST AVENUE
PEMBROKE PARK, FL 33009

New Mailing Address:

FEI Number: 59-2049709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIFEDE, ANTHONY C
2920 HIDDEN HOLLOW LANE
DAVIE, FL 33328 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: P () Delete
Name: DIFEDE, ANTHONY C
Address: 2920 HIDDEN HOLLOW LANE
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: DIFEDE, ANTONIO L
Address: 3104 PEACHTREE CIR.
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: WHITSON, RICKI
Address: 530 N. RAINBOW DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP () Delete
Name: WHITSON, LUCIA
Address: 530 N. RAINBOW DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: ST () Delete
Name: DIFEDE, MARIA
Address: 3104 PEACHTREE CIRCLE
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: ANTHONY C. DIFEDE

P

03/27/2009

Electronic Signature of Signing Officer or Director

Date