

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13434

FILED  
Mar 10, 2009  
Secretary of State

Entity Name: UNIQUE WHOLESALE DISTRIBUTORS, INC.

## Current Principal Place of Business:

6811 N.W. 15TH AVE.  
FT LAUDERDALE, FL 33309

## New Principal Place of Business:

## Current Mailing Address:

6811 N.W. 15TH AVE.  
FT LAUDERDALE, FL 33309

## New Mailing Address:

FEI Number: 59-2052594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAMPENELLA, SAMUEL, JR  
6811 N.W. 15TH AVE.  
FT. LAUDERDALE, FL 33309 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: PAMPENELLA, SAMUEL, J, R  
Address: 6811 N.W. 15TH AVE.  
City-St-Zip: FT. LAUDERDALE, FL

Title: S ( ) Delete  
Name: BUXBAUM, KIM  
Address: 6811 N.W. 15TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: V ( ) Delete  
Name: PAMPENELLA, SANDRA  
Address: 6811 N.W. 15TH AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: M (X) Delete  
Name: MILLER, ALAN  
Address: 6811 NW 15 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: COLLINS, CHRISTOPHER  
Address: 6811 N.W. 15TH AVE.  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: BUXBAUM, DANIEL  
Address: 6811 N.W. 15TH AVE.  
City-St-Zip: FT LAUDERDALE, FL 33309

## 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:

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: CHRIS COLLINS

D

03/10/2009

Electronic Signature of Signing Officer or Director

Date