

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13434

FILED  
Mar 30, 2010  
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  
Name: PAMPENELLA, SAMUEL, JR  
Address: 6811 N.W. 15TH AVE.  
City-St-Zip: FT. LAUDERDALE, FL

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** CHRIS COLLINS

D

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date