

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G32183

Entity Name: APOLLO DISTRIBUTING CO.

FILED  
Jun 23, 2009  
Secretary of State

## Current Principal Place of Business:

21322 SW 94 CT  
CUTLER BAY, FL 33189 US

## New Principal Place of Business:

13941 SW 143 CT  
UNIT 4  
MIAMI, FL 33186 US

## Current Mailing Address:

21322 SW 94 CT  
CUTLER BAY, FL 33189 US

## New Mailing Address:

21322 SW 94 CT  
CUTLER BAY, FL 33189

FEI Number: 59-2291729

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUZ, RAFAEL  
21322 SW 94 CT  
CUTLER BAY, FL 33189 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: CRUZ, RAFAEL  
Address: 21322 SW 94 CT  
City-St-Zip: CUTLER BAY, FL 33189

Title: VP ( ) Delete  
Name: RODRIGUEZ, ANNABEL  
Address: 21322 SW 94 CT  
City-St-Zip: CUTLER BAY, FL 33189

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RAFAEL CRUZ

DPT

06/23/2009

Electronic Signature of Signing Officer or Director

Date