2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K83893

FILED Feb 03, 2009 Secretary of State

Entity Name: GARPER DISTRIBUTORS, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
795 W FI IIAMI, FL	LAGLER ST 33144 US			
Current Mailing Address:		New Mailing Address:		
795 W FI IIAMI, FL	LAGLER ST 33144 US			
El Number	: 65-0116423	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
7952 NW				
IIAIVII, FL	33018 US			
he above		ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
he above	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
he above the State	e named entity s e of Florida. RE:	ubmits this statement for the point in the point is statement for the point		ed office or registered agent, or both Date
he above the State	e named entity s e of Florida. RE: Electron			ed office or registered agent, or both Date
he above the State IGNATU	e named entity s e of Florida. RE: Electron	ic Signature of Registered Age Trust Fund Contribution ().	ent	
he above the State IGNATUI	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT	ic Signature of Registered Age Trust Fund Contribution (). TORS: Delete OILA A ER ST	ent	Date
ne above the State GNATUI ection Car FFICER le: ame: ldress:	e named entity se of Florida. RE: Electron mpaign Financing S AND DIRECT PD () HERNANDEZ, Z 5795 W FLAGLI MIAMI, FL 3314	ic Signature of Registered Age Trust Fund Contribution (). FORS: Delete OILA A ER ST 14 Delete S ERNESTO ER ST	ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTO

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: ZOILA A HERNANDEZ PSD 02/03/2009