

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084421

FILED
May 19, 2009
Secretary of State

Entity Name: PLOUTOS GLOBAL DISTRIBUTORS,LLC

Current Principal Place of Business:

6586 HYPOLUXO RD
SUITE #214
LAKEWORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

6586 HYPOLUXO RD
SUITE # 214
LAKEWORTH, FL 33467 FL

New Mailing Address:

FEI Number: 26-3299726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PITTER, CARL S
7435 NORTH WEST 57TH STREET
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

PITTER, CARL S
7447 NORTH WEST 57TH STREET
TAMARAC, FL 33319 US

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: CARL S PITTER

05/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARVALHO, MARCIA M
Address: 6586 HYPOLUXO RD SUITE #214
City-St-Zip: LAKEWORTH, FL 33467 US

Title: MGRM () Delete
Name: DONALDSON, DEXROY E
Address: 6586 HYPOLUXO RD SUITE #214
City-St-Zip: LAKEWORTH, FL 33467 US

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARCIA CARVALHO

MGR

05/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date