

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53999

FILED
Apr 07, 2009
Secretary of State

Entity Name: AR PAPER DISTRIBUTOR, INC.

Current Principal Place of Business:

P.O. BOX 145150
P.O. BOX 145150
CORAL GABLES, FL 331145150 US

New Principal Place of Business:

10421 SW 20 STREET
MIAMI, FL 33165 US

Current Mailing Address:

P.O. BOX 145150
P.O. BOX 145150
CORAL GABLES, FL 331145150 US

New Mailing Address:

FEI Number: 65-0177645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZERVIGON, ALDO
201 SEVILLA
SUITE 209
CORAL GABLES, FL 33134 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: DP () Delete
Name: RODRIGUEZ, ROBERTO
Address: P. O. BOX 145150
City-St-Zip: CORAL GABLES, FL

Title: DTS () Delete
Name: ARTIME, MARIA CRISTINA
Address: P.O. BOX 145150 N/A
City-St-Zip: CORAL GABLES, FL

Title: VS () Delete
Name: ZERVIGON, ALDO
Address: 201 SEVILLA, SUITE 209
City-St-Zip: CORAL GABLES, FL

Title: DV () Delete
Name: RODRIGUEZ, BERTA M.
Address: P. O. BOX 145150
City-St-Zip: CORAL GABLES, FL

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:

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: MARIA-CRISTINA ARTIME

DTS

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date