


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L72968 1. Entity Name NEW ERA DISTRIBUTORS, INC.	
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Principal Place of Business 2532 MAN OF WAR CIR SARASOTA, FL 34240 US	Mailing Address 2532 MAN OF WAR CIR SARASOTA, FL 34240 US
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DO NOT WRITE IN THIS SPACE



04082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0201009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOHAILI, VAHID
2532 MAN OF WAR CIR
SARASOTA, FL 34240

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SOHAILI, VAHID
STREET ADDRESS	2532 MAN OF WAR CIR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	V
NAME	SOHAILI, KARLA N
STREET ADDRESS	2532 MAN OF WAR CIR
CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/20/07-80015-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/8/07 941-343-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #