2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# M45224

Entity Name: INDUSTRIAL DISTRIBUTORS INTERNATIONAL CO.

Current Principal Place of Business:

8404 NW 64TH ST
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

8404 NW 64TH ST.
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 65-0000396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMORE, PAOLO
6001 SAN VINCENTE ST
CORAL GABLES, FL 33146 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: PD ( ) Delete
Name: AMORE, PAOLO,
Address: 6001 SAN VICENTE ST
City-St-Zip: CORAL GABLES, FL 33146

Title: VD ( ) Delete
Name: AMORE, GUILLERMO,
Address: 7200 LOS PINOS BLVD
City-St-Zip: CORAL GABLES, FL 33143

Title: VD ( ) Delete
Name: AMORE, MARGARITA
Address: 7200 LOS PINOS BLVD
City-St-Zip: CORAL GABLES, FL 33143

Title: TD ( ) Delete
Name: AMORE, ANNA MARIA,
Address: 2808 WATER BANK COVE
City-St-Zip: AUSTIN, TX 78746

Title: VD ( ) Delete
Name: AMORE, CLARA
Address: 6001 SAN VICENTE ST
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:

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: PAOLO AMORE PD 07/09/2008

Electronic Signature of Signing Officer or Director Date