

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000005502

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** AVIEMORE DISTRIBUTORS, INC.

**Current Principal Place of Business:**

13100 NW 113TH AVENUE ROAD  
SUITE #1  
MEDLEY, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

13100 NW 113TH AVENUE ROAD  
SUITE #1  
MEDLEY, FL 33178

**New Mailing Address:**

**FEI Number:** 65-0981801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAY, WILLIAM R. D  
13100 NW 113TH AVENUE ROAD  
SUITE #1  
MEDLEY, FL 33178 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: HAY, WILLIAM  
Address: 8600 N LAKE DASHA DRIVE  
City-St-Zip: PLANTATION, FL 33324

Title: VSD  
Name: BROWNING, GLENN  
Address: 8625 CARIBBEAN BLVD.  
City-St-Zip: MIAMI, FL 33157

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM HAY

PTD

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date