

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023279

Entity Name: INFINITY DISTRIBUTORS, INC.

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

20855 NE 16 AVE  
BAY C-34  
MIAMI, FL 33179

## New Principal Place of Business:

## Current Mailing Address:

20855 NE 16 AVE  
BAY C-34  
MIAMI, FL 33179

## New Mailing Address:

FEI Number: 65-1095454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHOVAL, GIL  
20855 NORTHEAST 16TH AVENUE  
BAY C-34  
MIAMI, FL 33179 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: PTS ( ) Delete  
Name: SHOVAL, GIL  
Address: 20855 NE 16 AVE BAY C34  
City-St-Zip: N MIAMI BCH, FL 33179

Title: CEOD ( ) Delete  
Name: SHOVAL, GIL  
Address: 20855 NE 16 AVE BAY C 34  
City-St-Zip: MIAMI, FL 33179

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: GIL SHOVAL PST

PST

04/28/2008

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

\_\_\_\_\_  
Date