2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099214

FILED Mar 12, 2009 Secretary of State

Entity Nai	me: ASR DIS	STRIBUTING, INC.				
Current P	rincipal Plac	e of Business:	New Princ	New Principal Place of Business:		
5024 LUNI LAKELANI	N RD. D, FL 33811					
Current Mailing Address:			New Maili	New Mailing Address:		
5024 LUNI LAKELANI	N RD. D, FL 33811					
FEI Number: 58-2653882 FEI Number Applied For ()			FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
3500 S FL	N, JOSEPH A ORIDA AVE, S D, FL 33803	A SUITE 3 US				
	named entity of Florida.	submits this statement for the	e purpose of changing i	its registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	onic Signature of Registered A	gent		Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().				
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (RASHID, SAM 1052 LAKE LU LAKELAND, F	JRE LOOP	Title: Name: Address: City-St-Zip:	RASHID, ALI	(X) Change()Addition SERRAT DRIVE FL 33812	
Title: Name:	V (RASHID, ALI S) Delete S	Title: Name:	V RASHID, SAM	(X) Change ()Addition ∕IIR	

City-St-Zip: LAKELAND, FL 33812 () Delete Title:

Address:

Name: RASHID, SHANNON L Address: 5216 MONTSERRAT DRIVE City-St-Zip: LAKELAND, FL 33812

5216 MONTSERRAT DRIVE

1050 LAKE LURE LOOP LAKELAND, FL 33801 City-St-Zip:

() Change () Addition

Name: Address: City-St-Zip:

Address:

Title:

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: SHANNON RASHID S 03/12/2009