
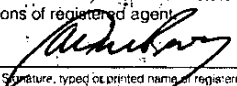



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90341 038 ***150.00

DOCUMENT # P02000026779 1. Entity Name AM DISTRIBUTION CORP			
Principal Place of Business 2410 OLD VINELANE RD #19 KISSIMMEE, FL 34744		Mailing Address 2410 OLD VINELANE RD #19 KISSIMMEE, FL 34744	
2. Principal Place of Business - No P.O. Box # 829 Country Crossing Ct		3. Mailing Address 829 Country Crossing Ct.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Kissimmee FL		City & State Kissimmee FL	
Zip 34744		Zip 34744	
Country USA		Country USA	
4. FEI Number 03-0407551		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 MILLER, ALBA 2410 OLD VINELAND RD #19 KISSIMMEE, FL 34744		7. Name and Address of New Registered Agent Name Alba Perez Street Address (P.O. Box Number is Not Acceptable) 829 Country Crossing Ct City Kissimmee FL Zip Code 34744	
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: 4-10-2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MILLER, ALVA STREET ADDRESS 2410 OLD VINELAND RD. #19 CITY-ST-ZIP KISSIMMEE, FL 34746	<input type="checkbox"/> Delete	TITLE P. NAME Alba Perez STREET ADDRESS 829 Country Crossing Ct. CITY-ST-ZIP Kissimmee, FL 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME GOMEZ ARTIGAS, ALBERTO STREET ADDRESS 21217 S. BUCKHILL RD. CITY-ST-ZIP CLERMONT, FL 34715	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-10-2008 Daytime Phone #	