

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055071

Entity Name: GAICER DISTRIBUTORS, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

5403 JET VIEW CIRCLE
TAMPA, FL 33634

New Principal Place of Business:

5409 B SOUTHERN COMFORT BLVD
TAMPA, FL 33634

Current Mailing Address:

5403 JET VIEW CIRCLE
TAMPA, FL 33634

New Mailing Address:

5409 B SOUTHERN COMFORT BLVD
TAMPA, FL 33634

FEI Number: 59-3296921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TESTA, PHILIP J SR
4726-B N. LOIS AVE.
TAMPA, FL 33614 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: P () Delete
Name: CEREZO, GARBIEL A
Address: 3402 W. CASS ST.
City-St-Zip: TAMPA, FL 33609 US

Title: S () Delete
Name: CEREZO, ISABEL J
Address: 3402 W. CASS ST.
City-St-Zip: TAMPA, FL 33609 US

Title: V () Delete
Name: CEREZO, GABRIEL A JR
Address: 3402 W. CASS ST.
City-St-Zip: TAMPA, FL 33609 US

Title: T () Delete
Name: CEREZO, ADRIAN A
Address: 3402 W. CASS ST.
City-St-Zip: TAMPA, F 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CEREZO, GABRIEL A
Address: 3402 W. CASS ST.
City-St-Zip: TAMPA, FL 33609 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: CEREZO, GABRIEL A JR
Address: 2135 ASHLEY LAKES DR
City-St-Zip: ODESSA, FL 33556 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GABRIEL CEREZO

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date