


-2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000055071 1. Entity Name GAICER DISTRIBUTORS, INC.	
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Principal Place of Business 5409 B SOUTHERN COMFORT BLVD TAMPA, FL 33634	Mailing Address 5409 B SOUTHERN COMFORT BLVD TAMPA, FL 33634
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3296921	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TESTA, PHILIP J SR
 4726-B N. LOIS AVE.
 TAMPA, FL 33614**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000589878
 01/18/07-80034-014 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEREZO, GABRIEL A 3402 W. CASS ST. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CEREZO, ISABEL J 3402 W. CASS ST. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CEREZO, GABRIEL A JR 2135 ASHLEY LAKES DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CEREZO, ADRIAN A 3402 W. CASS ST. TAMPA, F 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 or without other like empowered.

SIGNATURE: *Gabriel A. Cerezo* **Gabriel A. Cerezo** x 1-15-07 x 813-881-1272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #