

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000055151

FILED
Apr 30, 2009
Secretary of State

Entity Name: AZAHAR DISTRIBUTOR, INC.

Current Principal Place of Business:

2089 W. 76 ST
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

2089 W 76 ST
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 02-0604932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARMONA, ELKIN
2089 WEST 76 ST
HIALEAH, FL 33016 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: PD () Delete
Name: CARMONA, ELKIN
Address: 5080 SW 158 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: SD () Delete
Name: CARMONA, NORA
Address: 5080 SW 158 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: VP () Delete
Name: CARO, IVAN
Address: 18582 NW 53 AVE
City-St-Zip: MIAMI, FL 33055

Title: OD () Delete
Name: CARMONA, MANUEL
Address: 5080 SW 158 AVE
City-St-Zip: MIRAMAR, FL 33027

Title: OD () Delete
Name: ESPINOSA, CLAUDIA
Address: 5080 SW 158 AVE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: OD (X) Change () Addition
Name: GOMEZ, ANA
Address: 701 THREE ISLAND BLV 212
City-St-Zip: HALLANDELE, FL 33009

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: ELKIN CARMONA

Electronic Signature of Signing Officer or Director

PD

04/30/2009

Date