2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2008 8:00 am Secretary of State DOCUMENT # P02000065939 1. Entity Name 02-12-2008 90014 019 ***150.00 CARSUE DISTRIBUTION CO., INC. Principal Place of Business Mailing Address 613 TRIUMPH COURT 613 TRIUMPH COURT ORLANDO FL 32805 ÖRLANDO FL 32805 2. Principal Place of Business - No P.C. Box # 3. Mailing Address 613 TRIUMPH COURT 613 TRIUMPH COURT Suite, Apt. #, etc Suite, Apt. #. etc. 1st MOORE CR2E034 (10/07) #7 #7 City & State City & State Applied For 4. FEI Number ORLANDO, FL ORLANDO, FL 03-0467919 Not Applicable 32805 Country \$8.75 Additional 32805 5. Certificate of Status Desired П USA U.5A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CICOTTI, MARIO Street Address (P.O. Box Number is Not Acceptable) 613 TRIUMPH COURT **UNIT # 4** ORLANDO FL 32805 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 Separative, typed or printed name of registered agent and title it applicable. (NOTE: Recistered Apont evaniture required when reinstating) DATE FILE NOW!!!- FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State : OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. VP nne TITLE ☐ Defete Addition CICOTTI, BRUNO NAME CICOTTI, BRUNO NAME 613 TRIUMPHCOURT, UNIT # 7 STREET ADDRESS 613 TRIUMPH COURT, UNIT #4 STREET ADORESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP URLANDO, F 3 2805 P Change TITLE ☐ Delete Addition TITI F CICOTTI, MARIO MAME CICOTTI, MARIO NAME 613 TRIUMPH COURT, UNIT #7 STREET ADDRESS 613 TRIUMPH COURT, UNIT # 4 STREET ADDRESS ORLANDO, FL 32805 CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP TITLE TITLE ☐ De⊧ete Channe Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE III F ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP OTY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the examptions contained in Section 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 efficier 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

BRUNO C. CICOTTI

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED