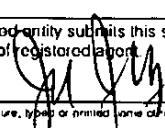
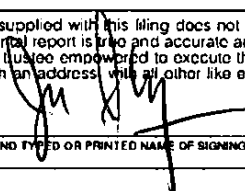


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

02-27-2007 90007 028 ***150.00

DOCUMENT # P02000093080 1. Entity Name REGIONAL ELECTRONICS DISTRIBUTORS, INC.					
Principal Place of Business 2315 NW 107 AVE 1M-31 MIAMI FL 33172			Mailing Address PO BOX 227187 MIAMI FL 33122		
2. Principal Place of Business - No P.O. Box # 2061 NW 112 AVE		3. Mailing Address PO BOX 227187			
Suite, Apt. #, etc. SUITE # 140		Suite, Apt. #, etc. 			
City & State MIAMI - FL		City & State MIAMI - FL		4. FEI Number 54-2071591 ☐ Applied For ☐ Not Applicable	
Zip 33172	Country MIAMI - DADE	Zip 33322	Country MIAMI - DADE	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELLISSERY, JOE J 1857 NW 96TH AVE. FT. LAUDERDALE FL 33322				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  Signature, typed or printed name of registered agent and title is acceptable JOE PELLISSERY (NOTE: Registered Agent signature required when registering) 03/14/07 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME PELLISSERY, JOE J		☐ Delete		
STREET ADDRESS 1857 NW 96TH AVE.			☐ Change ☐ Addition		
CITY, ST, ZIP FT. LAUDERDALE FL 33322					
TITLE 			☐ Delete		
NAME 			☐ Change ☐ Addition		
STREET ADDRESS 					
CITY, ST, ZIP 					
TITLE 			☐ Delete		
NAME 			☐ Change ☐ Addition		
STREET ADDRESS 					
CITY, ST, ZIP 					
TITLE 			☐ Delete		
NAME 			☐ Change ☐ Addition		
STREET ADDRESS 					
CITY, ST, ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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 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: 			03/14/07 786 845 0002 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					