

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109693

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: CELFAST DISTRIBUTORS CORP.

## Current Principal Place of Business:

3900 NW 79 AVE  
566  
MIAMI, FL 33166

## New Principal Place of Business:

11315 NW 43RD TERRACE  
MIAMI, FL 33178

## Current Mailing Address:

3900 NW 79 AVE  
566  
MIAMI, FL 33166

## New Mailing Address:

11315 NW 43RD TERRACE  
MIAMI, FL 33178

FEI Number: 27-0033311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUEVARA, CLAUDIA C  
3900 NW 79 AVE  
SUITE 566  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

GUEVARA, CLAUDIA C  
11315 NW 43RD TERRACE  
MIAMI, FL 33178 US

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: CLAUDIA GUEVARA

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: GUEVARA, FERNANDO A  
Address: 3900 NW 79 AVENUE STE 566  
City-St-Zip: MIAMI, FL 33166

Title: SVD ( ) Delete  
Name: GUEVARA, CLAUDIA C  
Address: 3900 NW 79 AVE STE 566  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: GUEVARA, FERNANDO A  
Address: 11315 NW 43RD TERRACE  
City-St-Zip: MIAMI, FL 33178

Title: SVD (X) Change ( ) Addition  
Name: GUEVARA, CLAUDIA C  
Address: 11315 NW 43RD TERRACE  
City-St-Zip: MIAMI, FL 33178

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: CLAUDIA GUEVARA

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date