

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90211 015 ***150.00

DOCUMENT # P03000032729							
1. Entity Name BI-MEGA DISTRIBUTING, INC.							
Principal Place of Business 1105 STAGHORN STREET WELLINGTON FL 33414 US			Mailing Address PO BOX 708 LOXAHATCHEE FL 33470 US <i>1105 STAGHORN ST</i>				
2. Principal Place of Business - No P.O. Box # <i>1105 STAGHORN ST</i>		3. Mailing Address Suite, Apt. #, etc. + -					
Suite, Apt. #, etc. <i>WELLINGTON, FL</i>		Suite, Apt. #, etc. City & State <i>WELLINGTON, FL</i>					
City & State <i>WELLINGTON, FL</i>		City & State <i>WELLINGTON, FL</i>		4. FEI Number 26-0062387 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
Zip <i>33414</i>		Country <i>PALM BEACH</i>		Zip <i>33414</i>			
Country <i>PALM BEACH</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ZATORSKY, WILLIAM A 7084 SE BIRCHWOOD LANE STUART FL 34997-2872			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>							
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 \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZATORSKY, WILLIAM A 7084 SE BIRCHWOOD LANE STUART FL 34997-2272		<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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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: <i>William A. Zatorsky</i> WILLIAM A. ZATORSKY			Date: <i>4/12/07</i> (561) 389-4603				