2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# P03000042699

Entity Name: LOA WHOLESALE DISTRIBUTION CORPORATION

Current Principal Place of Business:

500 E BROWARD BLVD STE 1650
FT LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

C/O TRIVEST PARTNERS LP
2665 SO BAYSHORE DR STE 800
MIAMI, FL 33133

New Mailing Address:

FEI Number: 03-0514535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GERSHMAN, DAVID
C/O TRIVEST PARTNERS LP
2665 SO BAYSHORE DR STE 800
MIAMI, FL FL 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:	WEBER, GERALD	
Address:	500 E BROWARD BLVD STE 1650	
City-St-Zip:	FORT LAUDERDALE, FL 33304 US	
Title:	VPGC	( ) Delete
Name:	COOK, JILL A	
Address:	500 E BROWARD BLVD STE 1650	
City-St-Zip:	FORT LAUDERDALE, FL 33304 US	
Title:	VP	( ) Delete
Name:	NIXDORF, JOHN P	
Address:	500 E BROWARD BLVD STE 1650	
City-St-Zip:	FORT LAUDERDALE, FL 33304	
Title:	D	( ) Delete
Name:	VANDENBERG, JR., PETER	
Address:	2665 S. BAYSHORE DR, #800	
City-St-Zip:	MIAMI, FL 33133	
Title:	SD	( ) Delete
Name:	GERSHMAN, DAVID	
Address:	2665 SO BAYSHORE DR STE 800	
City-St-Zip:	MIAMI, FL 33133 US	
Title:	AS	( ) Delete
Name:	DENNIS, PHYLLIS G	
Address:	2665 SO BAYSHORE DR STE 800	
City-St-Zip:	MIAMI, FL 33133 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PHYLLIS G. DENNIS AS 02/25/2008
Electronic Signature of Signing Officer or Director — Date