

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000060379

1. Entity Name  
E & L MULTISALES DISTRIBUTION SERVICE, INC.



FILED

2008 JAN 18 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2411 NW 184 TERRACE  
PEMBROKE PINES, FL 33029 US

Mailing Address  
2411 NW 184 TERRACE  
PEMBROKE PINES, FL 33029 US



01172008 Chg-P CR2E034 (12/06) 08

2. Principal Place of Business - No P.O. Box #  
1900 Coral way  
Suite, Apt. #, etc.  
Suite 303  
City & State  
Miami, Florida  
Zip  
33145  
Country  
USA

3. Mailing Address  
1900 Coral way  
Suite, Apt. #, etc.  
Suite 303  
City & State  
Miami, Florida  
Zip  
33145  
Country  
USA

4. FEI Number  
26-0743342  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, LEDYAN  
2411 NW 184 TERRACE  
PEMBROKE PINES, FL 33029

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
PD	MARTINEZ, LEDYAN	2411 NW 184 TERRACE	PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
President	Carlos R. Guevara	1900 Coral way - Suite 303	Miami, FL 33145	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	Ledyan Martinez	2411 NW 184 Terrace	Pembroke Pines, FL 33029	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 17, 2008

Date

Daytime Phone #