

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90069 022 ***150.00

DOCUMENT # P03000109275

1. Entity Name
MONSTER DISTRIBUTING, INC.



Principal Place of Business
7545 W 24TH AVENUE
200
MIAMI, FL 33016

Mailing Address
7545 W 24TH AVENUE
200
MIAMI, FL 33016

2. Principal Place of Business - No P.O. Box #
7527 W 24th Ave
Suite, Apt. #, etc.
200

3. Mailing Address
7527 W 24th Ave
Suite, Apt. #, etc.
200

City & State
Hialeah, FL 33016
Zip Country

City & State
Hialeah, FL 33016
Zip Country

05032007 Chg-P CR2E034 (12/06)

4. FEI Number
20-0274048
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MELDNER, RICHARD
16520 S TAMiami TRAIL
#18-194
FORT MYERS, FL 33908

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P.S.	<input type="checkbox"/> Delete
NAME	ZUBER, MATTHEW J	
STREET ADDRESS	5520 SW 195TH TERRACE	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZUBER, LAUREN G	
STREET ADDRESS	5520 SW 195TH TERRACE	
CITY-ST-ZIP	SOUTHWEST RANCHES, FL 33332	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/07 305 231-1616
Date Daytime Phone #