

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109275

FILED
Jan 29, 2008
Secretary of State

Entity Name: MONSTER DISTRIBUTING, INC.

Current Principal Place of Business:

7527 W 24TH AVENUE
200
MIAMI, FL 33016

New Principal Place of Business:

Current Mailing Address:

7527 W 24TH AVENUE
200
MIAMI, FL 33016

New Mailing Address:

FEI Number: 20-0274048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELDNER, RICHARD
16520 S TAMIAMI TRAIL
#18-194
FORT MYERS, FL 33908 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: P,S () Delete
Name: ZUBER, MATTHEW J
Address: 5520 SW 195TH TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

Title: VP () Delete
Name: ZUBER, LAUREN G
Address: 5520 SW 195TH TERRACE
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MELDNER, RICHARD
Address: 16520 S TAMIAMI TRAIL
City-St-Zip: FORT MYERS, FL 33908 US

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: MATTHEW ZUBER

P

01/29/2008

Electronic Signature of Signing Officer or Director

_____ Date