

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000001432

**Entity Name:** AVALON DISTRIBUTORS, INC.

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

20321 OLD CUTLER RD.  
CUTLER BAY, FL 33189

**New Principal Place of Business:**

**Current Mailing Address:**

20321 OLD CUTLER RD.  
CUTLER BAY, FL 33189

**New Mailing Address:**

**FEI Number:** 57-1195412

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, DEAN  
21530 SW 89TH PATH  
CUTLER BAY, FL 33189 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GONZALEZ, DEAN E  
**Address:** 21530 SW 89TH PATH  
**City-St-Zip:** CUTLER BAY, FL 33189

**Title:** VP  
**Name:** GONZALEZ, SANDRA L  
**Address:** 21530 SW 89TH PATH  
**City-St-Zip:** CUTLER BAY, FL 33189

I hereby 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 all other like empowered.

**SIGNATURE:** DEAN GONZALEZ

PRES

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date