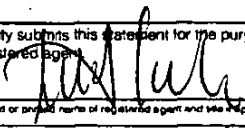
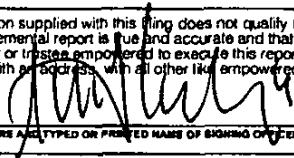


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

04-19-2006 90090 027 ***150.00

DOCUMENT # P04000030973					
1. Entity Name GENERAL WHOLESALER DISTRIBUTORS, INC.					
Principal Place of Business 16184 NW 13 STREET PENBROKE PINES, FL 33028			Mailing Address 16184 NW 13 STREET PENBROKE PINES, FL 33028		
2. Principal Place of Business 1436 N.W 159 Lane		3. Mailing Address 1436 N.W 159 Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL		04132006 Chg-P CR2E034 (11/05)	
Zip 33028		Country USA		4. FEI Number 11-3713294	
Zip 33028		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRACKE, PEDRO G. 16184 NW 13 STREET PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name Stracke, Pedro G Street Address (P.O. Box Number is Not Acceptable) 1436 N.W 159 Lane City Pembroke Pines FL Zip Code 33028	
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 				DATE 4/13/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D STRACKE, PEDRO G ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	1436 N.W 159 Lane		NAME		
STREET ADDRESS	16184 NW 13 STREET		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33028		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: 				DATE 4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	