

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053186

Entity Name: LTM DISTRIBUTOR, INC.

FILED
Feb 10, 2009
Secretary of State

Current Principal Place of Business:

11771 W ATLANTIC BLVD
SUITE # 03
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

11771 W ATLANTIC BLVD
SUITE # 03
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-0932278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LEON, AMALIA
22800 SW 154 AVE
MIAMI, FL 33170 US

Name and Address of New Registered Agent:

DE LEON, AMALIA
11771 W ATLANTIC BLVD
SUITE # 03
CORAL SPRINGS, FL 33170 US

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: ADL

02/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DE LEON, AMALIA
Address: 22800 SW 154 AVE 154
City-St-Zip: MIAMI, FL 33170

Title: VD () Delete
Name: SAFIE, MONICA
Address: MIAMI
City-St-Zip: MIAMI, FL 33170

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE LEON, AMALIA
Address: 11771 W ATLANTIC BLVD SUITE # 03
City-St-Zip: CORAL SPRINGS, FL 33170

Title: VD (X) Change () Addition
Name: DE LEON, ALEXANDER
Address: 11771 W ATLANTIC BLVD SUITE # 03
City-St-Zip: CORAL SPRINGS, FL 33170

Title: VD () Change (X) Addition
Name: JACOME, JESSICA
Address: 11771 W ATLANTIC BLVD SUITE # 03
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TR () Change (X) Addition
Name: SAFIE, MONICA
Address: 11771 W ATLANTIC BLVD SUITE # 03
City-St-Zip: CORAL SPRINGS, FL 33071

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: ADL

VP

02/10/2009

Electronic Signature of Signing Officer or Director

Date