## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**SIGNATURE:** 

## Feb 10, 2006 8:00 am **Secretary of State** DOCUMENT # P04000110237 1. Entity Name 02-10-2006 90022 029 \*\*\*150.00 PALM BEACH DISTRIBUTORS INC. Principal Place of Business Mailing Address 10028 NW 57TH PLACE CORAL SPRINGS FL 33076 10028 NW 57TH PLACE CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address 2504 NW 19th Street 2504 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State PompAno City & State 4. FEI Number Applied For Beach 35-2235126 Not Applicable Country USA 33069 Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUNKEL, JEFFRY Street Address (P.O. Box Number is Not Acceptable) 10028 NW 57TH PLACE CORAL SPRINGS FL 33076 City 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 SIGNATURE . Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when revistating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE 💢 Delete TITLE ☐ Change ☐ Addition WARD, PAUL NAME STREET ADDRESS 809 MCKINNEY ST STREET ADDRESS CUTY-ST-ZIP ARLINGTON TX 76012 CITY-ST-ZIP Prisident + Treasurer TITLE ☐ Defete Addition NAME KUNKEL, JEFFRY A STREET ADDRESS 10028 NW 57TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33076 Trile ☐ Delete TITLE Li Change Addition NAME GROSSMAN, DANIEL STREET ADDRESS STREET ADDRESS 3720 S. ODEAN BLVD #1208 CITY-ST-ZIP CITY-ST-ZIP HIGHLAND BEACH FL 33487 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of 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.

FILED