2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128857

Entity Name: DISTRILUX CORP

City-St-Zip:

AVENTURA, FL 33180 US

FILED Apr 28, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
21200 POII 1901	NT PLACE				
	A, FL 33180	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
21200 POII	NT PLACE				
1901 AVENTUR	A, FL 33180	US			
FEI Number:	20-1607117	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
HERRERA, TR 1250 E HALLANDALE BCH BLVD 1004				HERRERA, TR 1250 E HALLANDALE BCH BLVD 402	
HALLANDALE, FL 33009 US				HALLANDALE, FL 33009 US	
The above in the State		submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/28/2009	
Electronic Signature of Registered Agent			nt	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () VAINRUB, JOHI 21200 POINT P AVENTURA, FL	LACE #1901	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () VAINRUB, CAR 21200 POINT P AVENTURA, FL	LACE #1901	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MANDEL, SUSA	Delete NA I STREET #1209	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JOHN VAINRUB PD 04/28/2009