2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# P04000165540

Entity Name: ALLIGATOR DISTRIBUTOR INC.

Current Principal Place of Business:

2907 SW 36 AVE
MIAMI, FL 33133

New Principal Place of Business:

2707 SW 37 AVENUE
MIAMI, FL 33133

Current Mailing Address:

2907 SW 36 AVE
MIAMI, FL 33133

New Mailing Address:

2707 SW 37 AVENUE
MIAMI, FL 33133

FEI Number: 20-2068194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUERTES, TRINA U
2907 SW 36 AVE
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

FUERTES, TRINA U
2707 SW 37 AVENUE
MIAMI, FL 33133 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: TRINA U FUERTES 01/09/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FUERTES, JOSE
Address: 2907 SW 36 AVE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: FUERTES, TRINA U
Address: 2907 SW 36 AVE
City-St-Zip: MIAMI, FL 33133

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: FUERTES, TRINA U
Address: 2707 SW 37 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: DS (X) Change ( ) Addition
Name: NUNEZ, MARGARITA
Address: 2707 SW 37 AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Change (X) Addition
Name: FUERTES, JOSE
Address: 2707 SW 37 AVENUE
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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: TRINA U FUERTES DP 01/09/2007
Electronic Signature of Signing Officer or Director Date