

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000019269

Entity Name: NGF DISTRIBUTORS INC

FILED  
May 03, 2007  
Secretary of State

**Current Principal Place of Business:**

9680 BOGGY CREEK RD  
UNIT #5  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

9680 BOGGY CREEK RD  
UNIT #5  
ORLANDO, FL 32824

**New Mailing Address:**

FEI Number: 20-2298174      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONCADA, JOSUE I  
10006 IAN ST  
ORLANDO, FL 32825      US

**Name and Address of New Registered Agent:**

MONCADA, JOSUE I P  
2353 ANDREWS VALLEY DR.  
KISSIMMEE, FL 34758      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: JOSUE I MONCADA      05/03/2007  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MONCADA, JOSUE I  
Address: 10006 IAN ST  
City-St-Zip: ORLANDO, FL 32825

Title: V T ( ) Delete  
Name: MONCADA, JUAN F  
Address: 10006 IAN ST  
City-St-Zip: ORLANDO, FL 32825

Title: S ( ) Delete  
Name: MONCADA, VICTOR M  
Address: 10006 IAN ST  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MONCADA, JOSUE I  
Address: 2353 ANDREWS VALLEY  
City-St-Zip: KISSIMMEE, FL 34758

Title: VT (X) Change ( ) Addition  
Name: MONCADA, JUAN F  
Address: 2353 ANDREWS VALLEY  
City-St-Zip: KISSIMMEE, FL 34758

Title: S (X) Change ( ) Addition  
Name: MONCADA, VICTOR M  
Address: 2353 ANDREWS VALLEY  
City-St-Zip: KISSIMMEE, FL 34758

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: JOSUE I MONCADA      P      05/03/2007  
Electronic Signature of Signing Officer or Director      Date