


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

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03-16-2007 90028 014 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |         |                                                                                                                                                                                                          |                                                                                                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000030409</b><br>1. Entity Name<br><b>UWD DISTRIBUTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                          |         |                                                                                                                                                                                                          |                                                                                                                                                      |  |
| Principal Place of Business<br><b>7250 SW HARBOR COVE DRIVE<br/>STUART FL 34997<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |         | Mailing Address<br><b>7250 SW HARBOR COVE DRIVE<br/>STUART FL 34997<br/>US</b>                                                                                                                           |                                                                                                                                                                                                                                       |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |         | 3. Mailing Address                                                                                                                                                                                       |                                                                                                                                                                                                                                       |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          |         | Suite, Apt. #, etc.                                                                                                                                                                                      |                                                                                                                                                                                                                                       |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                          |         | City & State                                                                                                                                                                                             |                                                                                                                                                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          | Country |                                                                                                                                                                                                          | Zip                                                                                                                                                                                                                                   |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          | Country |                                                                                                                                                                                                          | 4. FEI Number <b>81-0665519</b>                                                                                                                                                                                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                          |         |                                                                                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                          |         |                                                                                                                                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 the obligations of registered agent<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)</small>                                                                                                                                                                                                                           |                                                                                                                          |         |                                                                                                                                                                                                          |                                                                                                                                                                                                                                       |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                          |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                                   |                                                                                                                                                                                                                                       |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                          |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                    |                                                                                                                                                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | D<br><b>PEREZ, GRACE E</b><br><b>7250 SW HARBOR COVE DRIVE</b><br><b>STUART FL 34497</b> <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                          |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                                                     |  |
| 12. I hereby 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 or 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 or other like empowered. |                                                                                                                          |         |                                                                                                                                                                                                          |                                                                                                                                                                                                                                       |  |
| SIGNATURE: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                          |         | <div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">3-21-07</div> <div>             (561) 842-2072<br/> <small>City Daytime Phone #</small> </div> </div> |                                                                                                                                                                                                                                       |  |