

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000077754

Entity Name: MLC DISTRIBUTORS, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

1550 WEST 84TH STREET  
SUITE 20  
HIALEAH, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

1550 WEST 84TH STREET  
SUITE 20  
HIALEAH, FL 33014

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUANTE, CELINA  
7000 NW 17TH STREET  
APT 301  
PLANTATION, FL 33313 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: GUANTE, CELINA  
Address: 7000 NW 17TH STREET APT 301  
City-St-Zip: PLANTATION, FL 33313

Title: T ( ) Delete  
Name: GUANTE, LUIS  
Address: 7000 NW 17TH STREET APT 301  
City-St-Zip: PLANTATION, FL 33313

Title: S ( ) Delete  
Name: GUANTE, MELVIN  
Address: 32 WORCESTER STREET  
City-St-Zip: BOSTON, MA 02118

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CELINA GUANTE

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date