

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000112417

Entity Name: GGL DISTRIBUTOR INC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

P.O BOX. 160128  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX. 160128  
HIALEAH, FL 33016 US

**New Mailing Address:**

FEI Number: 03-0603667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GRAU LOPEZ, GUILLERMO OWNER  
4474 NW.179 TERR  
MIAMI GARDENS, FL 33055 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GRAU LOPEZ, GUILLERMO OWNER  
Address: 4474 NW 179 TERR  
City-St-Zip: MIAMI GARDENS, FL 33055 US

I hereby 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 all other like empowered.

SIGNATURE: GUILLERMO GRAU

OWNE

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date