

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000120895

Entity Name: JOCHAE DISTRIBUTORS INC.

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

9835 NELSON FORKS DR  
JACKSONVILLE, FL 32222

## **New Principal Place of Business:**

10542 ALVIN RD S  
JACKSONVILLE, FL 32222

## **Current Mailing Address:**

9835 NELSON FORKS DR  
JACKSONVILLE, FL 32222

## **New Mailing Address:**

10542 ALVIN RD S  
JACKSONVILLE, FL 32222

FEI Number: 20-5648088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STATEN, RODNEY V  
9835 NELSON FORKS DRIVE  
JACKSONVILLE, FL 32222 US

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

STATEN, RODNEY V  
10542 ALVIN RD S  
JACKSONVILLE, FL 32222 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:

04/14/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: PSVP  
Name: STATEN, RODNEY V  
Address: 10542 ALVIN RD S  
City-St-Zip: JACKSONVILLE, FL 32222

Title: D  
Name: STATEN, RODNEY V  
Address: 10542 ALVIN RD S  
City-St-Zip: JACKSONVILLE, FL 32222

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: RODNEY STATEN

P

04/14/2011

Electronic Signature of Signing Officer or Director

Date