

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90071 003 ***158.75

DOCUMENT # P07000056209

1. Entity Name
MULTI DISTRIBUTORS, INC.



Principal Place of Business
**3071 N.W. 107 AVENUE
MIAMI, F. 33172**

Mailing Address
**100 N. BISCAYNE BLVD.
SUITE 1001
MIAMI, FL 33132**



2. Principal Place of Business - No P.O. Box #
1550 NW 108 AVENUE

3. Mailing Address
1550 NW 108 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062008 Chg-P CR2E034 (12/06)

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
26-0178348

Applied For
Not Applicable

Zip
33172

Country
USA

Zip
33172

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BERNSTEIN, JEFFREY A ESQ.
100 N. BISCAYNE BLVD.
SUITE 1001
MIAMI, FL 33132**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
POMBO, MARTIN H
11131 N.W. 72 TERRACE
MIAMI, FL 33178** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/D
BAGUEAR, SUSANA N
1155 BRICKELL BAY DRIVE #1206
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
POMBO, ANDREA
1155 BRICKELL BAY DRIVE #1206
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/08 (305) 593-9017
Date Daytime Phone #