

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056209

Entity Name: MULTI DISTRIBUTORS, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

1550 NW 108 AVENUE
MIAMI, FL 33172

New Principal Place of Business:

1550 NW 108 AVENUE
MIAMI, FL 33172 US

Current Mailing Address:

1550 NW 108 AVENUE
MIAMI, FL 33172

New Mailing Address:

100 N. BISCAYNE BLVD.
SUITE 1602
MIAMI, FL 33132 US

FEI Number: 26-0178348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BERNSTEIN, JEFFREY A ESQ.
100 N. BISCAYNE BLVD.
SUITE 1602
MIAMI, FL 33132 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: JEFFREY A. BERNSTEIN, ESQ.

02/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: POMBO, MARTIN H
Address: 11131 N.W. 72 TERRACE
City-St-Zip: MIAMI, FL 33178

Title: V/D () Delete
Name: BAGUEAR, SUSANA N
Address: 1155 BRICKELL BAY DRIVE #1206
City-St-Zip: MIAMI, FL 33131

Title: S/T () Delete
Name: POMBO, ANDREA
Address: 1155 BRICKELL BAY DRIVE #1206
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: POMBO, MARTIN H
Address: 100 N. BISCAYNE BLVD., SUITE 1602
City-St-Zip: MMI, FL 33132 US

Title: V/D (X) Change () Addition
Name: BAGUEAR, SUSANA N
Address: 100 N. BISCAYNE BLVD., SUITE 1602
City-St-Zip: MIAMI, FL 33132 US

Title: S/T (X) Change () Addition
Name: POMBO, ANDREA
Address: 100 N. BISCAYNE BLVD, SUITE 1602
City-St-Zip: MIAMI, FL 33132 US

I hereby certify that the information supplied with this filing does not qualify 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: MARTIN POMBO

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date