

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000077931

Entity Name: SPA SOGO DISTRIBUTORS. INC.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

11290 CAMP FIELD CIRCLE  
JACKSONVILLE, FL 32256

## New Principal Place of Business:

2416 LINCOLN STREET  
HOLLYWOOD, FL 33020

## Current Mailing Address:

PO BOX 5605  
ANNAPOLIS, MD 21403

## New Mailing Address:

2416 LINCOLN STREET  
HOLLYWOOD, FL 33020

FEI Number: 26-0485274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAXIMUM ASSOCIATES, INC.  
511 NE 94TH STREET  
MIAMI SHORES, FL 33138 US

## Name and Address of New Registered Agent:

MAXIMUM ASSOCIATES, INC.  
2416 LINCOLN STREET  
HOLLYWOOD, FL 33020 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: BRUCE S. TRULIO

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCGUINESS, KAREN R  
Address: 546 COOVER ROAD  
City-St-Zip: ANNAPOLIS, MD 21401

Title: ST ( ) Delete  
Name: TRULIO, BRUCE S  
Address: 546 COOVER ROAD  
City-St-Zip: ANNAPOLIS, MD 21403

Title: VP ( ) Delete  
Name: ANZOLA, MARTA L  
Address: 600 ADMIRAL DRIVE, #511  
City-St-Zip: ANNAPOLIS, MD 21401

Title: VP (X) Delete  
Name: GIMELI, ELIZABETH A  
Address: 11290 CAMP FIELD CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change ( ) Addition  
Name: TRULIO, BRUCE S  
Address: 2416 LINCOLN STREET  
City-St-Zip: HOLLYWOOD, FL 33020

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 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: BRUCE S. TRULIO

ST

05/01/2008

Electronic Signature of Signing Officer or Director

Date