

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90042 007 \*\*\*150.00

<b>DOCUMENT # P07000101912</b> 1. Entity Name <b>R &amp; J ELECTRONIC DISTRIBUTOR, INC</b>					
Principal Place of Business <b>2516 JMT INDUSTRIAL DR STE 101 APOPKA, FL 32703</b>			Mailing Address <b>2516 JMT INDUSTRIAL DR STE 101 APOPKA, FL 32703</b>		
2. Principal Place of Business - No P.O. Box # <b>6563 VIEWPOINT CT</b>			3. Mailing Address <b>PO BOX 4336</b>		
Suite, Apt. #, etc. <b>ORLANDO</b>			Suite, Apt. #, etc. 		
City & State <b>FLORIDA</b>			City & State <b>APOPKA FL</b>		
Zip <b>32810</b>		Country <b>USA</b>		Zip <b>32704</b>	
Country <b>US</b>		Country <b>US</b>		4. FFL Number <b>39-2064052</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ORTIZ, ROBERTO 1843 PAGE LEIGH CIR APT 1623 APOPKA, FL 32703</b>			7. Name and Address of New Registered Agent Name <b>ORTIZ ROBERTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>6563 VIEWPOINT CT</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32810</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ORTIZ, ROBERTO 1843 PAGE LEIGH CIR APOPKA, FL 32703</b>	<input type="checkbox"/> Delete			
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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:  <b>R. ORTIZ PRES</b> <b>01-08-08 321-805-2770</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					