

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90469 001 \*\*\*\*\*8.75

05-05-2008 90469 002 \*\*\*150.00

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<b>DOCUMENT # P07000130046</b> 1. Entity Name <b>RPM DISTRIBUTORS, INC.</b>			
Principal Place of Business <b>6065 NW 167 STREET B-23 MIAMI, FL 33015</b>		Mailing Address <b>6065 NW 167 STREET B-23 MIAMI, FL 33015</b>	
2. Principal Place of Business - No P.O. Box # <b>5120 NW 165 ST</b>		3. Mailing Address <b>5120 NW 165 ST</b>	
Suite, Apt. #, etc. <b># 103</b>		Suite, Apt. #, etc. <b># 103</b>	
City & State <b>MIAMI GARDENS FL</b>		City & State <b>MIAMI GARDENS FL</b>	
Zip <b>33014</b>		Zip <b>33014</b>	
Country <b>US</b>		Country <b>US</b>	
4. EEI Number <b>26-1531476</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RAHMANPARAST, MAHMOOD 6065 NW 167 STREET B-23 MIAMI, FL 33015</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<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 ORTA, PABLO 6065 NW 167 STREET B-23 MIAMI, FL 33015	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAHMANPARAST, MAHMOOD 6065 NW 167 STREET B-23 MIAMI, FL 33015	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
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: <u>PABLO ORTA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/30/08</u> Daytime Phone #: <u>305-463-8480</u>	