

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000130046

Entity Name: RPM DISTRIBUTORS, INC.

FILED  
Mar 20, 2009  
Secretary of State

## Current Principal Place of Business:

5120 NW 165 ST  
STE 103  
HIALEAH, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

5120 NW 165 ST  
STE 103  
HIALEAH, FL 33014

## New Mailing Address:

FEI Number: 26-1531476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RAHMANPARAST, MAHMOOD  
6065 NW 167 STREET  
B-23  
MIAMI, FL 33015 US

## Name and Address of New Registered Agent:

RAHMANPARAST, MAHMOOD  
14345 COMMERCE WAY  
MIAMI LAKES, FL 33016 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:

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ORTA, PABLO  
Address: 6065 NW 167 STREET B-23  
City-St-Zip: MIAMI, FL 33015

Title: VP ( ) Delete  
Name: RAHMANPARAST, MAHMOOD  
Address: 6065 NW 167 STREET B-23  
City-St-Zip: MIAMI, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ORTA, PABLO  
Address: 14345 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP (X) Change ( ) Addition  
Name: RAHMANPARAST, MAHMOOD  
Address: 14345 COMMERCE WAY  
City-St-Zip: MIAMI LAKES, FL 33016

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: PABLO ORTA

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date