

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000066884

**FILED**  
**Aug 04, 2011**  
**Secretary of State**

**Entity Name:** ALLIANCE WHOLESALERS, INC

**Current Principal Place of Business:**

12633 NW 17TH PL  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

2590 N POWERLINE RD  
POMPAÑO BEACH, FL 33069

**Current Mailing Address:**

12633 NW 17TH PL  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

2590 N POWERLINE RD  
POMPAÑO BEACH, FL 33069

**FEI Number:** 80-0224609

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FREUNDT-THURNE, MARIANA M  
12633 NW 17TH PL  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

FREUNDT-THURNE, MARIANA M  
2590 N POWERLINE RD  
POMPAÑO BEACH, FL 33069 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: MARIANA FREUNDT-THURNE

08/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FREUNDT-THURNE, MARIANA M  
Address: 12633 NW 17TH PL  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP  
Name: DEL AGUILA, DANIEL  
Address: 7811 GALLEON CT  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: CEO  
Name: PROVOST, ROBERT  
Address: 9471 SATIN LEAF PL  
City-St-Zip: PARKLAND, FL 33076

I hereby 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 all other like empowered.

SIGNATURE: MARIANA FREUNDT-THURNE

P

08/04/2011

Electronic Signature of Signing Officer or Director

Date