

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000091064

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** CELLDISTRIBUTIONS CORP.

**Current Principal Place of Business:**

26455 OLD 41 ROAD SUITE #12  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

26455 OLD 41 ROAD SUITE #12  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

26455 OLD 41 ROAD SUITE #12  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

26455 OLD 41 ROAD SUITE #12  
BONITA SPRINGS, FL 34135 US

**FEI Number:** 90-0420352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRISALES, DIEGO  
26455 OLD 41 ROAD SUITE #12  
BONITA SPRINGS, FL 34135 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GRISALES, DIEGO  
**Address:** 26455 OLD 41 ROAD SUITE #12  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

**Title:** V  
**Name:** GRISALES, VALENTINA  
**Address:** 26455 OLD 41 ROAD SUITE #12  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

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:** DIEGO GRISALES

P

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date