

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000109174

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** NEW SOUTHERN FOOD DISTRIBUTORS, INC.

**Current Principal Place of Business:**

701 S.W. 33RD AVENUE  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

701 S.W. 33RD AVENUE  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 26-3912507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAM, WAM  
701 S.W. 33RD AVENUE  
OCALA, FL 34474 US

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

LAM, WAH  
701 S.W. 33RD AVENUE  
OCALA, FL 34474 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: WAH LAM

01/07/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MIN NI, ZHOU  
Address: 3508 CAMDEN FALLS CIRCLE  
City-St-Zip: GREENSBORO, NC 27410

Title: VP  
Name: LAM, WAH  
Address: 6493 WINDING GREENS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TR  
Name: LAM, WAH  
Address: 6493 WINDING GREENS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: SE  
Name: LAM, WAH  
Address: 6493 WINDING GREENS DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

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: WAH LAM

SE

01/07/2010

Electronic Signature of Signing Officer or Director

Date