

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000030613

FILED  
Mar 01, 2010  
Secretary of State

Entity Name: J.A. MADORE DISTRIBUTION USA, INC.

## Current Principal Place of Business:

516 S. DIXIE HIGHWAY  
HOLLYWOOD, FL 33020

## New Principal Place of Business:

4650 SW 51 ST STREET  
SUITE 701  
DAVIE, FL 33314 US

## Current Mailing Address:

516 S. DIXIE HIGHWAY  
HOLLYWOOD, FL 33020

## New Mailing Address:

4650 SW 51 ST STREET  
SUITE 701  
DAVIE, FL 33314 US

FEI Number: 26-4609280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADER, ROBERT A ESQ.  
100 SE 2ND STREET  
3550  
MIAMI, FL 33131 \

## Name and Address of New Registered Agent:

ADER, ROBERT A ESQ.  
100 SE 2ND STREET  
3550  
MIAMI, FL 33131 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:

03/01/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: MADORE, JACQUES  
Address: 75 GRANDE COTE  
City-St-Zip: ROSEMERE, QC J7A 1H1

Title: VP  
Name: LAROSE, PETER  
Address: 2655 SW 25TH AVE  
City-St-Zip: MIAMI, FL 33133

Title: S  
Name: COOK, LOUISE  
Address: 338 NE 3RD STREET  
City-St-Zip: HALLANDALE, FL 33009

Title: T  
Name: CHALUT, NANCY  
Address: 319 YVES SYLVESTRE  
City-St-Zip: MC MASTERVILLE, QC J3G 6V6

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: PETER LAROSE

VP

03/01/2010

Electronic Signature of Signing Officer or Director

Date