

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000058112

**FILED**  
**Feb 28, 2010**  
**Secretary of State**

**Entity Name:** NATIONAL DISTRIBUTION GROUP, INC

**Current Principal Place of Business:**

4733 TORRANCE BLVD,  
P.O. BOX 646  
TORRANCE, CA 90503

**New Principal Place of Business:**

18520 NW 67 AVENUE  
STE 364  
HIALEAH, FL 33015

**Current Mailing Address:**

4733 TORRANCE BLVD,  
P.O. BOX 646  
TORRANCE, CA 90503

**New Mailing Address:**

18520 NW 67 AVENUE  
STE 364  
HIALEAH, FL 33015

**FEI Number:** 27-0512210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRINGLE, PAUL  
2360 NW 138 DRIVE  
SUNRISE, FL 33323 US

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

ALVEAR, FABRIZIO  
18520 NW 67 AVENUE  
STE 364  
HIALEAH, FL 33015 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: FABRIZIO ALVEAR

02/28/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FABRIZIO, ALVEAR  
Address: 18520 NW 67 AVENUE # 364  
City-St-Zip: HIALEAH, FL 33015

Title: VP  
Name: RESTREPO, DORA  
Address: 18520 NW 67 AVENUE #364  
City-St-Zip: HIALEAH, FL 33015

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: FABRIZIO ALVEAR

PRES

02/28/2010

Electronic Signature of Signing Officer or Director

Date