

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000075836

FILED  
Apr 29, 2011  
Secretary of State

Entity Name: PENTAGRAMME DISTRIBUTION, INC.

**Current Principal Place of Business:**

16606 NE 3RD AVENUE  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

17290 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 US

**New Mailing Address:**

FEI Number: 27-0914544      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ALMAN, MARTIN H  
17290 N.E. 19TH AVENUE  
NORTH MIAMI BEACH, FL 33162 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: PSD  
Name: PIERRE, MAX J  
Address: 16606 N.E. 3RD AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: TD  
Name: PIERRE, PHILOMENE  
Address: 5001 N.W. 14TH STREET  
City-St-Zip: LAUDERHILL, FL 33313 US

Title: VPD  
Name: PIERRE, JAEQUES L  
Address: 8293 EGGELSTOM AVENUE  
City-St-Zip: NORTHPORT, FL 34291

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: MAX JEFFERSON PIERRE

PSD

04/29/2011

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

\_\_\_\_\_ Date