

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000075969

Entity Name: PURE LIFE DISTRIBUTOR, INC.

**FILED**  
**Mar 05, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

269 SW 159 TERRACE  
SUNRISE, FL 33326

## **New Principal Place of Business:**

1566 CORONADO RD  
WESTON, FL 33327

## **Current Mailing Address:**

269 SW 159 TERRACE  
SUNRISE, FL 33326

## **New Mailing Address:**

1566 CORONADO RD  
WESTON, FL 33327

FEI Number: 27-0907105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONCEPCION, JOSE E  
269 SW 159 TERRACE  
SUNRISE, FL 33326 US

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

CONCEPCION, JOSE E  
1566 CORONADO RD  
WESTON, FL 33327 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: JOSE E CONCEPCION

03/05/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: CONCEPCION, JOSE E  
Address: 1566 CORONADO RD  
City-St-Zip: WESTON, FL 33327

Title: VP  
Name: CONCEPCION, ORIETTA A  
Address: 1566 CORONADO RD  
City-St-Zip: WESTON, FL 33327

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: JOSE E CONCEPCION

P

03/05/2011

Electronic Signature of Signing Officer or Director

Date