

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000019910

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** TRI REJONAL WHOLESALE DISTRIBUTION, INC

**Current Principal Place of Business:**

6444 NW FRENZE STREET  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

332 SW EGRET LANDING  
PORT ST LUCIE, FL 34953 US

**Current Mailing Address:**

6444 NW FRENZE STREET  
PORT ST LUCIE, FL 34986 US

**New Mailing Address:**

332 SW EGRET LANDING  
PORT ST LUCIE, FL 34953 US

**FEI Number:** 27-2040541

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEWART FOSTER, ROSE  
6444 NW FRENZE STREET  
PORT ST LUCIE, FL 34986 US

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

STEWART FOSTER, ROSE  
332 SW EGRET LANDING  
PORT ST LUCIE, FL 34953 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:** ROSE STEWART-FOSTER

04/28/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FOSTER, EVERALDO  
**Address:** 332 SW EGRET LANDING  
**City-St-Zip:** PORT ST LUCIE, FL 34953 US

**Title:** VP  
**Name:** STEWART FOSTER, ROSE  
**Address:** 332 SW EGRET LANDING  
**City-St-Zip:** PORT ST LUCIE, FL 34953 US

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:** EVERALDO FOSTER

P

04/28/2012

Electronic Signature of Signing Officer or Director

Date