

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000029604

FILED  
Apr 23, 2011  
Secretary of State

Entity Name: JOBENORS DISTRIBUTORS INC.

## Current Principal Place of Business:

854 CARVER PARK STREET  
109  
ORLANDO, FL 32805

## New Principal Place of Business:

1650 NORTH CHICKASAW TRAIL  
ORLANDO, FL 32825

## Current Mailing Address:

854 CARVER PARK STREET  
109  
ORLANDO, FL 32805

## New Mailing Address:

1650 NORTH CHICKASAW TRAIL  
ORLANDO, FL 32825

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOLINA, OBED  
854 CARVER PARK STREET  
109  
ORLANDO, FL 32805 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: P  
Name: MOLINA, OBED  
Address: 854 CARVER PARK STREET #109  
City-St-Zip: ORLANDO, FL 32805

Title: VP  
Name: MOLINA, NORMARY  
Address: 854 CARVER PARK STREET #109  
City-St-Zip: ORLANDO, FL 32805

Title: T/S  
Name: MOLINA, JOSE  
Address: 854 CARVER PARK STREET #109  
City-St-Zip: ORLANDO, FL 32805

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: OBED MOLINA

P

04/23/2011

Electronic Signature of Signing Officer or Director

Date