

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000065985

Entity Name: DELUXE DISTRIBUTOR INC.

FILED  
Apr 22, 2011  
Secretary of State

**Current Principal Place of Business:**

14450 SW 295 ST  
HOMESTEAD, FL 33033 US

**New Principal Place of Business:**

**Current Mailing Address:**

14450 SW 295 ST  
HOMESTEAD, FL 33033 US

**New Mailing Address:**

FEI Number: 27-3229788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOREJON, ONEYDA MRS  
14450 SW 295 ST  
HOMESTEAD, FL 33033 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: MOREJON, ARGELIO E SR  
Address: 14450 SW 295 ST  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: VP  
Name: MOREJON, ONEYDA MRS  
Address: 14450 SW 295 ST  
City-St-Zip: HOMESTEAD, FL 33033 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: ARGELIO MOREJON

P

04/22/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date