

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000094286

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** SUNSHINE STATE DIRECT DISTRIBUTORS, INC.

**Current Principal Place of Business:**

3215 NE 207TH TERRACE  
AVENTURA, FL 33180

**New Principal Place of Business:**

20855 NE 16TH AVE.  
C-16  
AVENTURA, FL 33180

**Current Mailing Address:**

3215 NE 207TH TERRACE  
AVENTURA, FL 33180

**New Mailing Address:**

20855 NE 16TH AVE.  
C-16  
MIAMI, FL 33180

**FEI Number:** 27-3989722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLORIN, NEIL  
3215 NE 207TH TERRACE  
AVENTURA, FL 33180 US

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

FLORIN, NEIL  
20855 NE 16TH AVE.  
C-16  
MIAMI, FL 33179 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: NEIL FLORIN

02/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHAIKIN, STEPHEN  
Address: 20855 NE 16TH AVE., BAY C-16  
City-St-Zip: MIAMI, FL 331879

Title: VP  
Name: FLORIN, NEIL  
Address: 3215 NE 207TH TERRACE  
City-St-Zip: AVENTURA, FL 33180

Title: SEC  
Name: FLORIN, MARNEY  
Address: 3215 NE 207TH TERRACE  
City-St-Zip: AVENTURA, FL 33180

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: NEIL FLORIN

VP

02/24/2011

Electronic Signature of Signing Officer or Director

Date