

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000047547

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** NAPLES DISTRIBUTORS INC

**Current Principal Place of Business:**

143 BURNT PINE DR  
NAPLES, FL 34119

**New Principal Place of Business:**

1769 BIRDIE DR  
NAPLES, FL 34120

**Current Mailing Address:**

143 BURNT PINE DR  
NAPLES, FL 34119

**New Mailing Address:**

1769 BIRDIE DR  
NAPLES, FL 34120

**FEI Number:** 45-2365162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NINOTCHKA, HECHT J  
10590 NW 27 STREET  
E-102-103  
DORAL, FL 33172 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: AGUIRRE, PHILIPPE  
Address: 1769 BIRDIE DR  
City-St-Zip: NAPLES, FL 34120

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: PHILIPPE AGUIRRE

P

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date