FILED
Mar 03, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000042558

1. Entity Name
ADVANTAGE INTERNATIONAL DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
4100 N.E. 2ND AVENUE SUITE 320 MIAMI, FL 33137	4100 N.E. 2ND AVENUE SUITE 320 MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

02252008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0422360

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAW OFFICES OF CLIFFORD KORNFIELD, P.A.
11400 SW 68 CT.
MIAMI, FL 33156

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when filing online)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HELFRICH, JOSEPH
STREET ADDRESS	4100 2ND AVE #320
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	ZWINGER, LAURENCE
STREET ADDRESS	4100 NE 2ND AVE #320
CITY ST ZIP	MIAMI, FL 33137
TITLE	VD
NAME	STRUB, ELIZABETH
STREET ADDRESS	4100 N.E. 2ND AVENUE
CITY-ST ZIP	MIAMI, FL 33137
TITLE	STD
NAME	GUYOT, MARTINE
STREET ADDRESS	4100 N.E. 2ND AVENUE
CITY ST ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/18/08-80041-010 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martine Guyot Dirctr 02/26/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date