

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000074490

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: UNION DISTRIBUTORS OF U.S.A., INC.

## Current Principal Place of Business:

6941 NW 52 STREET, #B  
MIAMI, FL 33166

## New Principal Place of Business:

## Current Mailing Address:

1103 SW 145 AVE  
MIAMI, FL 33184

## New Mailing Address:

FEI Number: 65-0445622

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AROCHA, EDEL  
1103 SW 145 AVENUE  
MIAMI, FL 33184 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete  
Name: AROCHA, EDEL  
Address: 1103 SW 145TH AVE.  
City-St-Zip: MIAMI, FL 33184

Title: VP ( ) Delete  
Name: GONZALEZ, LINDA L  
Address: 1103 SW 145TH AVENUE  
City-St-Zip: MIAMI, FL 33184

Title: VP ( ) Delete  
Name: ALFONSO, ABEL  
Address: 14273 SW 24 ST  
City-St-Zip: MIAMI, FL 33175

Title: CFO ( ) Delete  
Name: HOLTZ, RYAN  
Address: 3882 SW 89TH AVE  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDEL AROCHA

CEO

04/30/2009

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

\_\_\_\_\_  
Date