

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000027145

Entity Name: M & E DISTRIBUTORS, INC.

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

EVELYNN & MARK MARTONE  
4770 NW 9TH ST  
COCONUT CREEK, FL 330634657

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 934612  
MARGATE, FL 330934612

**New Mailing Address:**

FEI Number: 65-0655029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARTONE, MARK  
4470 NORTHWEST 9TH STREET  
COCONUT CREEK, FL 330634657 US

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

MARTONE, MARK  
4770 NORTHWEST 9TH STREET  
COCONUT CREEK, FL 330634657 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: EVELYNN MARTONE

01/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: MARTONE, MARK  
Address: 4770 NORTHWEST 9TH STREET  
City-St-Zip: COCONUT CREEK, FL 330634657

Title: VT  
Name: MARTONE, EVELYNN E  
Address: 4770 NORTHWEST 9TH STREET  
City-St-Zip: COCONUT CREEK, FL 330634657

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: EVELYNN MARTONE

VT

01/23/2011

Electronic Signature of Signing Officer or Director

Date