

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90115 008 ***158.75

DOCUMENT # P96000088447	
1. Entity Name	
ONE SOURCE DISTRIBUTING, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4095 State Road 7, Suite L155 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Wellington, FL		City & State	
Zip 33467	Country US	Zip	Country

DO NOT WRITE IN THIS SPACE

20016369

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-0715194		Applied For Not Applicable
	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Marc Putterman		
	Street Address (P.O. Box Number is Not Acceptable) 4095 State Road 7, Suite L155		
City Wellington		FL	Zip Code 33467

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

3/5/2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 + 8.75 = 158.75
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marc Putterman 4095 State Road 7, Suite L155 Wellington, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jackie Putterman 4095 State Road 7, Suite L155 Wellington, FL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

President

3/5/2006

(561) 827-6454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #