2006 FOR PROFIT CORPORATION

FILED Jan 31, 2006 08:00 AN

Daytime Phone #

ANNUAL REPORT			Jan 31, 2000 00.00 h		
DOCUMENT # P97000005970			-	Secretary	y of State
1. Entity Name UNITED WHOLESALE DISTRIBUTORS, INC.					
ORITED WHOLEGALE DIGITADOTORS), HVO.				
Principal Place of Business	Mailing Address	207			
1612 S COMBRE RD	1612 S COMBRE RD				• •
LAKELAND, FL 33801-7132	LAKELAND, FL 33801-7132				
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			01262006 No Ch	ig-P CR2E034	(11/05)
DO NOT WRITE IN THIS SPACE		UE .	4. FEI Number		Applied For
			59-3423449		Not Applicable 3.75 Additional
& Name and Address of Coment Page	lotored Agent		5. Certificate of Status D		e Required
6. Name and Address of Current Reg	Istered Agent				
PATEL, UDAYGIRI 2648 HIGHLANDIVUE PKWY		DO NOT	WRITE		
2648 HIGHLAND/VUE PKWY LAKELAND, FL 33813		IN THIS SPACE			
			iii iiiio	OFFICE	
The above named entity submits this statement for the	ournese of changing its register	ed office or register	ed agent or both to the St	ate of Florida i am fam	niliar with, and added
the obligations of registered agent.	harbase of cumiling us collision	ca diling or register		alo di Fiorioti. Fairi igi	mes man es se session
SIGNATURE		d Agent signäture requires	what pointerstant)	DATE	 ,
Signature, riprover in printed reside of registered agent and an	le ii applicable (140°E Negistare		#/##/ TER SERVER	DAIL	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	 S. Election Campaign Final Trust Fund Contribution. 	· · · · · · · · · · · · · · · · · · ·	00 May Be ad to Fees		
10. OFFICERS AND DIR	FCTORS				* .Warran
TITLE V	2010/10	1			
NAME PATEL, VIHANG STREET ADDRESS 2339 MILES CT.	7 3		t to	10000400040	
CITY-ST-ZIP LAKELAND, FL 33813	·	ŀ	02/NE	10000408618 3706–800 <mark>69</mark> –0	12 (50.00
TITLE S NAME PATEL, PARIMAL		1		. se woode p	and the second of the second
STREET ADDRESS 2630 HIGH RIDGE DR	•				
CITY-ST-ZIP LAKELAND, FL 33813		1	=		
NAME				•	
STREET ADDRESS			מט אחז	WRITE	
CITY-ST-ZIP		-			
NAME	•	1	IN I HIS	SPACE	
STREET ADDRESS CITY-SI-ZIP					
TITLE		1			
NAME	5				
STREET ADDRESS CITY-ST-ZIP	<i>,</i> **	1			
TITLE) कर -	1			
NAME SIREET ADDRESS					
CITY-ST-ZIP		ļ			

12. Thereby certify that the information supplied with this filling 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. 863-685-9133 66 SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR