

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P97000102904</b>	
1. Entity Name DIVERSIFIED DISTRIBUTORS U.S.A., INC.	

Principal Place of Business 4111 SW 47 AVE #323 FT LAUDERDALE, FL 33314 US	Mailing Address 4111 SW 47 AVE #323 FT LAUDERDALE, FL 33314 US
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**DO NOT WRITE IN THIS SPACE**



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0801606	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GIRAUD, PIERRE H  
10929 NW 2ND STREET  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRAUD, PIERRE H 10929 NW 2 ST PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRAUD, PIERRE P 11965 SW 15 COURT DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000714305  
04/27/07-80017-015 150.00

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IN THIS SPACE**

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:** Pierre H. Giraud **PIERRE H. GIRAUD** 04/04/07 <sup>(959)</sup> 321-3566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #