

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000023765

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: MORELL DISTRIBUTORS, INC.

## Current Principal Place of Business:

5201 NW 77 AVE.  
#200  
MIAMI, FL 33166 US

## New Principal Place of Business:

5065 NW 74 AVE  
#8  
MIAMI, FL 33166 US

## Current Mailing Address:

5201 NW 77 AVE.  
#200  
MIAMI, FL 33166 US

## New Mailing Address:

5065 NW 74 AVE  
#8  
MIAMI, FL 33166 US

FEI Number: 65-0819530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SUAREZ, F. JAVIER  
5201 NW 77 AVENUE  
SUITE 200  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

SUAREZ, F. JAVIER  
5065 NW 74 AVE  
SUITE 8  
MIAMI, FL 33166 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: WILLIAM DECANIO

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SUAREZ, FERNANDO J  
Address: 5201 NW 77 AVE #200  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: DECANIO, WILLIAM L  
Address: 5201 NW 77 AVE., #200  
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete  
Name: DECANIO, LESLEY  
Address: 5201 NW 77 AVE., #200  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SUAREZ, FERNANDO J  
Address: 5065 NW 74 AVE SUITE# 8  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change ( ) Addition  
Name: DECANIO, WILLIAM L  
Address: 5065 NW 74 AVE SUITE# 8  
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change ( ) Addition  
Name: DECANIO, LESLEY  
Address: 5065 NW 74 AVE SUITE# 8  
City-St-Zip: MIAMI, FL 33166

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: WILLIAM DECANIO

COO

04/13/2009

Electronic Signature of Signing Officer or Director

Date