

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90103 050 ***150.00

DOCUMENT # P98000064364

1. Entity Name
DE AMSTEL DISTRIBUTION, INC.



Principal Place of Business
27805 SW 197 AVE
HOMESTEAD, FL 33031

Mailing Address
27805 SW 197 AVE
HOMESTEAD, FL 33031



2. Principal Place of Business
12 BASS AVENUE

3. Mailing Address
12 BASS AVENUE

04012006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0849856

Applied For
Not Applicable

City & State
KEY LARGO, FL

City & State
KEY LARGO, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip
33037

Country

Zip
33037

Country

6. Name and Address of Current Registered Agent

STRIBLING, SALLY
27805 SW 197 AVE
HOMESTEAD, FL 33031

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

12 BASS AVENUE

City
LEY LARGO

FL

Zip Code
33037

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
STRIBLING, SALLY
27805 SW 197 AVE
HOMESTEAD, FL 33031 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
12 BASS AVENUE
KEY LARGO, FL 33037

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-06 305-451-1816