

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000097180

FILED
Mar 28, 2008
Secretary of State

Entity Name: POWER CONNECTION DISTRIBUTORS, INC.

Current Principal Place of Business:

6800 NW 28TH AVENUE
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6800 NW 28TH AVENUE
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

6800 NW 28TH AVENUE
FORT LAUDERDALE, FL 33309 US

FEI Number: 65-0876148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUJILLO, YOLANY E
6800 NW 28TH AVE.
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: TRUJILLO, LEONARD
Address: 6800 NW 28TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP () Delete
Name: TRUJILLO, YOLANY E
Address: 6800 NW 28TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YOLANY TRUJILLO

VP

03/28/2008

Electronic Signature of Signing Officer or Director

Date