

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000042849

Entity Name: T & M DISTRIBUTORS, INC.

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1255 W. ATLANTIC BLVD.,  
SUITE 121  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

1255 W. ATLANTIC BLVD.,  
SUITE 121  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number: 65-0920019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIAVETTA, MARC A  
12445 SW 1ST STREET  
CORAL SPRINGS, FL 33071 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

**OFFICERS AND DIRECTORS:**

Title: PVPD  
Name: CHIAVETTA, MARC A  
Address: 12445 SW 1ST STREET  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: STD  
Name: CHIAVETTA, CHERYL A  
Address: 310 N.W. 107TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby 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 all other like empowered.

SIGNATURE: MARC A. CHIAVETTA

PRES

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date