

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S26585

FILED
Apr 19, 2009
Secretary of State

Entity Name: ORVI DISTRIBUTORS, INC.

Current Principal Place of Business:

19213 NW 88TH PL
MIAMI, FL 33018

New Principal Place of Business:

Current Mailing Address:

P O BOX 375
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 65-0237423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHBOLD, ANGELO
19213 NW 88 PL
MIAMI, FL 33018 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: DP () Delete
Name: ARCHBOLD, ANGELO
Address: 19213 NW 88 PL
City-St-Zip: MIAMI, FL 33018

Title: S () Delete
Name: ARCHBOLD, MARIA
Address: 19213 NW 88 PL
City-St-Zip: MIAMI, FL 33018

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: ANGELO ARCHBOLD

DP

04/19/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date