

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70398

FILED
Apr 15, 2009
Secretary of State

Entity Name: CT DISTRIBUTORS OF FLORIDA, INC.

Current Principal Place of Business:

13794 NW 4TH ST.
SUITE 203
SUNRISE, FL 33325 US

New Principal Place of Business:

Current Mailing Address:

13794 NW 4TH ST.
SUITE 203
SUNRISE, FL 33325 US

New Mailing Address:

FEI Number: 65-0278264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, HOWARD
13794 N.W. 4TH ST.
SUITE 203
SUNRISE, FL 33325 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: D () Delete
Name: SCHWARTZ, STEVEN
Address: 13794 N.W. 4TH ST., SUITE 203
City-St-Zip: SUNRISE, FL 33325

Title: DVS () Delete
Name: SCHWARTZ, HOWARD
Address: 13794 N.W. 4TH ST., SUITE 203
City-St-Zip: SUNRISE, FL 33325

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: STEVEN SCHWARTZ, VP

VP

04/15/2009

Electronic Signature of Signing Officer or Director

Date