FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90103 006 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V28821

1. Entity Name
L.A. DISTRIBUTORS, INC.

.40003415

01032008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
5030 CHAMPION BLVD UNIT F-5 BOCA RATON, FL 33496 US	2101 W. COMMERCIAL BLVD SUITE 4100 FT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	2101 W Commercial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 2800
City & State	City & State Fort Lauderdale, FL
Zip / Country	Zip 33309 / Country US

4. FEI Number 65-0337250 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FORMAN, ROBERT S
2101 W COMMERCIAL BLVD
SUITE 4100
FT LAUDERDALE, FL 33309

7. Name and Address of New Registered Agent

Name: Forman, Robert S
Street Address (P.O. Box Number is Not Acceptable): 2101 W Commercial Blvd
Suite 2800
City: Fort Lauderdale FL Zip Code: 33309

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] 1/4/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: VM NAME: DEEREN, HADA STREET ADDRESS: 17888 69 ST. N. CITY-ST-ZIP: LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: DPST NAME: ANDERES, KASPAR STREET ADDRESS: 5030 CHAMPION BLVD UNIT F-5 CITY-ST-ZIP: BOCA RATON, FL 33496	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: [signature] HADA DEEREN 1-10-08 754-581-0281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #