

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V28821

Entity Name: L.A. DISTRIBUTORS, INC.

FILED  
Mar 12, 2009  
Secretary of State

## Current Principal Place of Business:

5030 CHAMPION BLVD  
UNIT F-5  
BOCA RATON, FL 33496 US

## Current Mailing Address:

2101 W COMMERCIAL BLVD  
STE 2800  
FORT LAUDERDALE, FL 33309 US

## New Principal Place of Business:

2901 CLINT MOORE ROAD  
UNIT 5  
BOCA RATON, FL 33496 US

## New Mailing Address:

FEI Number: 65-0337250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FORMAN, ROBERT S  
2101 W COMMERCIAL BLVD  
STE 2800  
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: VM ( ) Delete  
Name: DEEREN, HADA  
Address: 17888 69 ST. N.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: DPST ( ) Delete  
Name: ANDERES, KASPAR  
Address: 5030 CHAMPION BLVD UNIT F-5  
City-St-Zip: BOCA RATON, FL 33496

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPST (X) Change ( ) Addition  
Name: ANDERES, KASPAR  
Address: 2901 CLINT MOORE ROAD, UNIT 5  
City-St-Zip: BOCA RATON, FL 33496

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: KASPAR ANDERES

P

03/12/2009

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

\_\_\_\_\_  
Date