

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # V48100

1. Entity Name

TRANS-AMERICAN DISTRIBUTORS, INC.



Principal Place of Business

1301 NW 84 AVE
#113

MIAMI, FL 33126 US

Mailing Address

1301 NW 84 AVE
#113

MIAMI, FL 33126 US

DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0343254

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERENCZI, EDWARD J
1301 NW 84 AVE
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AZEL, JORGE SR.
1301 NW 84 AVE #113
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
FERENCZI, EDWARD J
1301 NW 84 AVE #113
MIAMI, FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
AZEL, JORGE JR.
1301 NW 84 AVE #113
MIAMI, FL 33126

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

U00000909619
05/06/08-80077-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Jorge Azel **JORGE AZEL** 04/18/08 305-477-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #