

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90218 017 \*\*\*150.00

**DOCUMENT # V68094**

1. Entity Name

ALL AMERICAN DISTRIBUTORS, INC.



Principal Place of Business

8914 ROYAL BIRKDALE LANE  
ORLANDO FL 32819  
US

Mailing Address

8914 ROYAL BIRKDALE LANE  
ORLANDO FL 32819  
US

2. Principal Place of Business

11119, WEST COLONIAL DR.  
Suite, Apt. #, etc.

3. Mailing Address

15581, AMBERBEAM BLVD.  
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

OCOCHEE, FLORIDA

City & State

WINTER GARDEN, FL.

4. FEI Number

59-3373548

Applied For

Not Applicable

Zip

34761

Country

ORANGE

Zip

34787

Country

ORANGE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANGHNANI, KENNY  
8914 ROYAL BIRKDALE LANE  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

MANGHNANI, KENNY

Street Address (P.O. Box Number is Not Acceptable)

15581, AMBERBEAM BLVD.

City

WINTER GARDEN

FL

Zip Code

34787

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME MANGHNANI, KENNY ☐ Delete  
STREET ADDRESS 8914 ROYAL BIRKDALE LANE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MANGHNANI KENNY ☒ Change ☐ Addition  
STREET ADDRESS 15581, AMBERBEAM BLVD.  
CITY-ST-ZIP WINTERGARDEN FL 34787

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05

407-654-6700