

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000082345

Entity Name: NCA DISTRIBUTORS INC.**Current Principal Place of Business:**3100 PALM TRACE LANDINGS DRIVE
APT 506
DAVIE, FL 33314**Current Mailing Address:**3100 PALM TRACE LANDINGS DRIVE
APT 506
DAVIE, FL 33314 US**FEI Number:** 59-3807499**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARRERO, NELSON A
3100 PALM TRACE LANDINGS DRIVE
APT 506
DAVIE, FL 33314 US*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**Officer/Director Detail :**

Title	P/D
Name	CARRERO, NELSON A
Address	3100 PALM TRACE LANDINGS DRIVE APT 506
City-State-Zip:	DAVIE FL 33314

Title	T
Name	CARRERO, NELSON A
Address	3100 PALM TRACE LANDINGS DRIVE APT 506
City-State-Zip:	DAVIE FL 33314

Title	VP/D
Name	GUERRA, ARNELYS M
Address	3100 PALM TRACE LANDINGS DRIVE APT 506
City-State-Zip:	DAVIE FL 33314

Title	S
Name	GUERRA, ARNELYS M
Address	3100 PALM TRACE LANDINGS DRIVE APT 506
City-State-Zip:	DAVIE FL 33314

I hereby 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 all other like empowered.

SIGNATURE: NELSON CARRERO**OWNER****04/05/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date